

خاصہ  
حصہ  
خافز

# seniors

infectious disease

(

)

Kenia 1931 Egypt 1977	RVF - Rift valley fever (A) infectious enzootic Hepatitis الداء الصفراوي	① Blue tongue (BT) (1st A)
Def	- acute Arthropod borne viral disease of animal & Human not <u>equine</u> ch' by: - fever - ↑ Mortality in young. - abortion in adult (without Congenital anomalies)	- infectious non-contagious insect borne viral disease of sheep mainly occasionally Cattle - fever ch' by: - stomatitis - Enteritis - lameness - Rhinitis - cyanosis of tongue
Cause	Family → Bunyaviridae (orbo virus RNA) * strain ZH <sub>501</sub> : grow on Vero cells - BHK <sub>21</sub> (visceral tropic) * viable - 20°C for 8 years, 4 months → Room temp ch' by: Hemagglutination in ♂ geese RBCs white green	Family: Reoviridae G: orbivirus arbovirus RNA 26 serotype * Recovery Animal become carrier cattle 3 months sheep 4 months Killed by formaline 10%
Source of infection	- infected insect (mosquitoes - culer) - infected animal	infected insect (Culicoids) - infected semen - infected animal
mode of Trans.	<u>Biting</u> : by infected (Mosquitoes - culer) in Egypt <div> <div> Mechanical Transovarian Biological (20:29) day * of blood meal * of Uremia </div> <div> } female  inhalation → susp  mosquitoes -  wound → human  Biological Mechanical Transovarian </div> </div> * inhalation rare * wound in human	- Biting Culicoids ♀ only * mainly biologically 10:14 day of Blood meal & Uremia - one bite contains 100,000:1,000,000 viral particles * mechanical Rare * may be mosquitoes * vertical * venereal (Semen)

# RVF

# B.T

Host	Small Ruminant - Human - may Camel	sheep mainly - cattle occasionally → Main Reservoir <u>Mcfu</u>
Pathogenesis	<p>- cattle *factor 1 - fetal in young, mild in adult</p> <p>- Season: ↑ Summer due to high insect activity.</p> <p>Virus → Vector → Host → Blood Viscemia → Liver</p> <p>abortion → fetal circulation → death → acute hepatic → in liver cells</p> <p>fever 7 days</p> <p>destruction of liver cells</p>	<p>- African breed more resistant than imported</p> <p>↑ Summer → ↑ insect activity</p> <p>Virus → Vector <u>Culicoides</u> Biological → Host → Blood</p> <p>Edema &amp; Emboli → Vascular → localized</p> <p>Cyanosis Thrombus → endo thelimum</p> <p>sheep → 5-6 day fever</p>
Signs	<p>① Kid, Lamb</p> <p>IP 12 hrs</p> <p>- fever</p> <p>- staggering</p> <p>- collapse</p> <p>- coma</p> <p>- Death 24-48 hrs</p> <p>- Mortality rate 90%</p> <p>- calf 10-40%</p> <p>Adult</p> <p>- abortion 40-90%</p> <p>- at any stage</p> <p>- nasal Discharge</p> <p>- may bloody diarrhea</p> <p>- fever</p> <p>- Headache</p> <p>- Pain in joint</p> <p>- Vomiting</p> <p>- Flushing face</p> <p>- Congested eye</p> <p>↓</p> <p>- May complicated</p> <p>- encephalitis (fatal)</p> <p>- Hemorrhagic fever</p> <p>- Blindness → temporary or permanent</p>	<p>- fever 40-41°C, 5-6 day</p> <p>- mortality rate 20-40%</p> <p>- Long Course 10 days</p> <p>- nasal discharge</p> <p>- bloody diarrhea</p> <p>- Salivation</p> <p>- Lameness → red band above cornea</p> <p>- knee walking *</p> <p>- Recumbency</p> <p>- Abortion</p> <p>- still birth</p> <p>- offensive odour mouth *</p> <p>- ex Correlation with</p> <p>- Humera</p> <p>* Cyanosis</p> <p>swelling in heart</p> <p>→ 10% of cattle signs</p> <p>- stiffness four legs</p> <p>↑ signs of sheep</p> <p>* N.B. Cardiac form of AHS in equine cause Cyanosis in buccal cavity so called B.T of equine</p>



	RVF	B.T
P.M	<p>Liver enlargement * congested</p> <p>* Mottled appearance of <del>cat</del> Liver</p> <p>* grey necrotic foci diameter 1:2 mm</p>	<p>- Hyperemia skeletal ms.</p> <p>- Hge base of pulmonary artery (diagnostic)</p> <p>- Cyanosis back of tongue</p>
Diagnosis	<p>① High Mortality of young - abortion in adult</p> <p>② Seasonal occurrence Arthropod</p> <p>③ Human cases with fever (flu-like symptoms)</p> <p><u>Summer abortion</u></p> <p>- RVF - blue tongue - Akabne</p> <p>① Signs &amp; P.M ③ Viral isolation</p> <p>② Lab incubation I/C mice → paralysis &amp; death 24h</p> <p><u>Sample</u></p> <p>- mosquitoes - milk <sup>True West</sup> - blood → during Viremia</p> <p>- Serum - aborted fetus - dead animal</p> <p>+ T.C BHK<sub>21</sub> - MDBK - Vero cell - CRE</p> <p>* Serology test : HI - SNT - ELISA - CFT</p> <p>* N.B : recovered animal has immunity for 2:3 years</p>	<p>- Signs</p> <p>- P.M</p> <p>- Seasonal occurrence</p> <p>- Virus isolation</p> <p><u>Sample:</u></p> <p>- Blood (non-frozen) refrigeration 4°C, freezing kill virus.</p> <p>- T.C : Vero - MDBK - BHK<sub>21</sub></p> <p>isolation &amp; identification of virus → on ECE 10/12 day.</p> <p>* Serology : ELISA - CFT - SNT</p> <p>* Transmission test.</p> <p> <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>↓</p> <p>IN injection</p> <p>↓</p> </div> <div style="margin-left: 20px;"> <p>G<sub>1</sub> → Group</p> <p>G<sub>2</sub> → Vaccinated (immunized)</p> </div> </div> <p>G<sub>1</sub> Susceptible</p> <p>G<sub>2</sub> no signs</p> <p>sheep → signs</p> </p>



# RVF

D.D

1- High mortality in young

↓  
baby kidney

septicemic  
colibacillosis

septicemic  
salmonellosis

2- High abortion in adult

- Brucella

- Akabane

- Campylobacter

- listeriosis

} Late stage

\* abortion in ewe

- Bact.

- viral

\* Brucella

\* RVF

\* listeriosis

\* B.T

\* leptospirosis

\* Border disease

\* Campylobacter

\* Akabane

- fungal

\* Aspergillus

- parasite

Toxoplasmosis

RVF	wessel born
phelbo v.	flavi v.
high 90%	low 10%
↑	↓
Abortion	
may be	+ ve
Iktrus	
	South africa

treatment

no specific H

- antibiotic

- antipyretic

- anti-inflammatory

B.T

- P.P.R

- FMD → vesicles  
no cyano sis,  
nodular ha.

- sheep pox  
no lameness, nodular ha

- symptomatic

- antibiotic

- anti-pyretic

- anti-inflammatory

- local antiseptic

- fluid therapy

(U)

RVI

B.T

Control

Vector control:-

1- Larvicide

2- insecticide

3- Repellent

4- Biological

fungi  
plant

5- smoke fire

Housing sheep at night

6- insect proof stable

Vaccination

① Inactivated R-V vaccine

1ml sheep S/C 6 month after

2ml cattle S/C 2nd dose <sup>9</sup> weeks, Booster Annually, 1 year immunity.

② live attenuated vaccine

1cm S/C 2:3 year ~~immunity~~ immunity

disadvantages:-

\* abortogenic

\* Viscerina

\* Congenital Anomalies

inactivated Polyvalent

1ml S/C, 6 month safe

+ live attenuated Polyvalent

1ml S/C 1 year at spring before shearing

② Hygienic measures

- Hygienic disposal of dead carcass  
- disinfectant with formaline.

③ Prevent spread of infection

- isolation of infected animal

♂	PPR (Kata) *pest des petits Ruminant	sheep & goat pox (SGP) Capripox	CPD (Contagious Pastular dermatitis)
♀	- acute highly contagious viral dis. of goat & sheep - ch' by: epithiotropic of GIT - erosion - ulceration of mouth - Salivation, stomatitis - Diarrhea, ↑ mortality - Pneumonia	- Highly contagious viral disease of sheep & goat. - ch' by: skin lesion → unwooled area - visceral lesion	- Contagious Ecthyma - CE - ORF - Scare mouth. - Infectious non febrile viral disease of sheep & goat - ch' by: scabby lesion on lips & muzzle, oral commissure (5) 1.1
Cause	<u>RNA</u> Family Paramyxoviridae G: Morbillivirus - Sensitive & fragile, so killed by Sun light. - Cell associated virus (lymphotropic - immunosuppression) - Cross protection Rubella Canine ⇌ PPR ⇌ RP distemper H. Measles R.P → sheep → Ab for PPR PPR → cattle → Ab for RP	Family: Poxviridae G: Capri pox virus sheep pox → sheep-goat goat pox → goat-sheep goat pox - dangerous, severe in sheep - protection against - goat pox - sheep pox - CPD sheep pox - protection against it self only.	Family: Poxviridae G: Parapox - Zoonotic virus - epithiotropic (skin) - b-strain - has relationship with pseudo pox of cow

(1)



	PPR	SGP	CPD
Source of infection	-all secretion of diseased A & excretion -sputum - feces - Tears	-scabs - Exudate from skin lesion -saliva - milk - nasal discharge -wool	-Scabs -Contaminated food & water
Susp. Host	sheep - goat <u>*Factors:-</u> 1- young more sever than adult. 2- age: 3/18 month 3- all sex are susceptible. 4- Some breed of sheep are resistant (Marino sheep)	<del>Pink</del> sheep - goat <u>*Factors:-</u> ① more sever in young ② Some breeds of sheep are resistant (Marino sheep)	sheep - goat + Camel - human + suckling lamb (3:6) month + feed lot lamb <u>*Factors:-</u> 3:6 month more susceptible more susceptible in young
Mode of trans.	mainly inhalation - ingestion of contaminated food	Direct & indirect contact through - skin abrasion (mainly) - May - Arthropods - inhalation	Direct & indirect contact through: skin abrasion (mainly)
Pathogenesis	Virus $\rightarrow$ inhalation Blood $\rightarrow$ 3/4 day viremia $\rightarrow$ localized (GIT - Resp) associated with epik stomatitis Sever bloody $\rightarrow$ Salivation $\rightarrow$ erosion ulceration diarrhea $\rightarrow$ dehydration $\rightarrow$ death	Virus $\rightarrow$ sheep $\rightarrow$ blood viremia $\rightarrow$ localized goat 3/4 day $\downarrow$ papule $\rightarrow$ macule $\rightarrow$ erythema $\rightarrow$ skin vesicle $\rightarrow$ pustule $\rightarrow$ permanent scar Coarse 4/5 week	Virus $\rightarrow$ skin $\rightarrow$ pustule $\rightarrow$ thick tenacious scar proliferated area in ulcer
Complications:	Young lambs - Abortion. BT - Coccidia oral - Pasturella SK - CPD SGP	N.B: disease caused oral lesions - PPR - B-T - FMD - CPD + disease caused lameness - B-T - FMD - infectious hot rat - Black leg	- FMD - Malignant form of SGP - CRD

(2)

PPR	SGP	CPD
<p>signs</p> <p>I.P 2 days , Course 7 days</p> <p>mortality: 55:80%    morbidity: 90%</p> <p>hepatoisothropic of GIT</p> <ul style="list-style-type: none"> <li>- fever 3:4 days</li> <li>- salivation</li> <li>- lacrimation</li> <li>- nasal discharge</li> <li>* 2nd day of fever - ulceration &amp; erosion of Buccal mucosa (bran mash)</li> <li>- may constipation</li> <li>* 3rd day of fever - watery diarrhea (may bloody)</li> <li>- Respiratory signs</li> <li>- dehydration</li> <li>- Coma</li> <li>- death due to dehydration</li> </ul>	<p>IP 4 days , Course 4:5 weeks</p> <p>* <u>Malignant form (lambs - kids)</u></p> <p>IP 4:7 day</p> <ul style="list-style-type: none"> <li>* fever 3:4 day</li> <li>+ lumpiness - depression</li> <li>* Arched back</li> <li>+ salivation</li> <li>+ nasal discharge</li> <li>+ lacrimation</li> <li>* Rough wool</li> <li>animal may be die before any lesion appear</li> <li>- Typical pox lesion (erythema - macule - papule vesicle - pustule)</li> <li>- in unweaned wood skin (nasthul - thigh - teat udder - scrotum - eye lid)</li> <li>* <u>Benign form (adults)</u></li> <li>- mild fever</li> <li>- mild systemic reaction</li> <li>- abortion may be occur.</li> <li>- Typical pox lesion in unweaned skin</li> <li>+ sometimes generalized, sometimes not found all stages of pox lesion so called "parstone"</li> </ul>	<p>Course 1:4 week</p> <p>+ thick fibrinous scar covering area of ulceration &amp; proliferative area.</p> <ul style="list-style-type: none"> <li>- Lesion on oral commissure (lips, nose, muzzle, buccal mucosa)</li> <li>- Lamb die from poor suckling or feed.</li> <li>- High Morbidity.</li> <li>- mortality not more 10%</li> </ul>
<p>P.M</p> <ul style="list-style-type: none"> <li>- dehydration carcass</li> <li>- Hind Quarter solid feces</li> <li>- mouth erosion &amp; ulceration</li> <li>- Severe congestion of abdomen</li> <li>- small intestine → inflamed &amp; erosions</li> <li>* Rectum: Zebra-stripping</li> </ul>	<p>Typical pox lesion (buccal cavity - larynx pharynx)</p> <ul style="list-style-type: none"> <li>* visceral lesion</li> <li>+ Enlarged L-N</li> </ul>	<p>No P.M</p> <p>(3)</p>



	PPR	SGP	CPD				
Diagnosis	1-Signs & P.M - ↑ morbidity & Mortality 2-viral isolation - Sample: blood, not more than 2hr after death. - Serum - Saliva - Feces - detection of viral Ag AGPT - AG ID isolation & identification of virus on Lamb Kidney cell + Histopathology ICIB & INIB + Serology test - ELISA - SNT	- History - signs - P.M - virus isolation * Sample - Lesion of skin → T-C Vero cell - isolation & identification on <del>He</del> CAM $\frac{10112}{day}$ → hemorrhagic pox - Histopathology → ICIB <u>* D-D:-</u> Mange! Severe Itching - Small nodule hairy parts → one stage <del>Dermatophytosis</del> → <del>stomach</del>	- History - signs - virus isolation - Skin lesion As SGP Histo Pathology → ICIB				
D.D	FMD → Vesicle - Lameness no diarrhea <table><tr><th>B.T</th><th>PPR</th></tr><tr><td>orbivirus sheep-goat - Vector - Summer - Cyanosis - ulceration - edema - excretion - lameness - no Penomonia</td><td>marbillivirus goat-sheep in halation any season erosion ulceration no lameness Penomonia</td></tr></table>	B.T	PPR	orbivirus sheep-goat - Vector - Summer - Cyanosis - ulceration - edema - excretion - lameness - no Penomonia	marbillivirus goat-sheep in halation any season erosion ulceration no lameness Penomonia	SGP - Capri pox - all stages - un wealed skin - no lameness - fever + - Coarse 4/5 week - Zoonotic - - typical pox lesion	CPD Porc pox - young only 3/18m - oral commissure - lips muzzle - + - Coarse 11/4 week - Human (+) Thick tenacious scar  → $\Delta$ , $\Delta$ , $\Delta$ , $\Delta$ , $\Delta$
B.T	PPR						
orbivirus sheep-goat - Vector - Summer - Cyanosis - ulceration - edema - excretion - lameness - no Penomonia	marbillivirus goat-sheep in halation any season erosion ulceration no lameness Penomonia						

5

→ Acute illness

(A)



	PPR	SGP	CPD
<p>ttt</p> <p>Recover A has immunity 2:3 year</p> <p>- systemic &amp; local ttt</p> <p>- fluid therapy</p>	<p>Recover A has immunity 2:3 year</p> <p>- systemic &amp; local ttt</p> <p>- fluid therapy</p>	<p>- no specific treatment</p> <p>- local antiseptic</p> <p>- antibiotic</p> <p>- antipyretic</p>	<p>- local ttt</p> <p>- local antiseptic Betadine or gentiana</p> <p>- removal of scabs</p>
<p>Prevention</p> <p>Control</p>	<p>1- Notification (Notifiable dis.)</p> <p>2- Restriction of farm &amp; markets</p> <p>3- Hygienic disposal carcass by Burning - Burying</p> <p>4- disinfection by formaline.</p> <p>5- Vaccination</p> <p>* live attenuated T-C vaccine 1cm, SIC, immunity 1.3 years</p> <p>- No post vaccinal Reaction</p> <p>- No Secretion in excretion of animal</p> <p>- Protection begin in 2nd day after injection by interferon, after 10 days protection by A.B</p>	<p>1- Separation &amp; isolation of infected animal.</p> <p>2- Hygienic disposal of dead carcass</p> <p>3- disinfection by formaline 10%</p> <p>4- Vaccination.</p> <p><u>inactivated</u> → un common, 6 month immunity</p> <p>* Live attenuated (Romanian strain) ID 1/2 cm, immunity → 1 year</p> <p>- at un washed skin post vaccinal reaction</p> <p>Pus-inflammation at site of injection</p> <p>* Recoverd animal live long immune, CPD → 2:3 year immune.</p>	<p>Control:-</p> <p>- isolation &amp; separation of infected animal.</p> <p>- disinfection</p> <p>- Vaccination by:-</p> <p>* live attenuated vaccine made from suspension of scabs in glycerol solution &amp; administration by scarification</p> <p>* Scab: dryness → brushing → Powder → suspension glycerol Saline 10% → Scarification</p>

## Clostridial diseases

٢٠٢٠/٣

### General characters :-

1) Infectious soil born disease affect animal and may be human

2) Caused by G +ve, spore forming, anaerobic bacilli. (spore ← terminal, sub " , central)

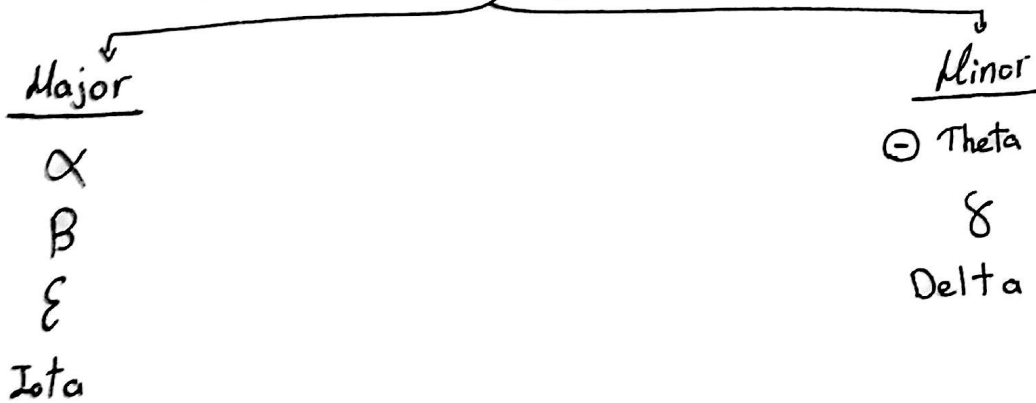
3) Motile, non capsulated except cl. perfringes.

4) cl → part of normal flora of GIT of animal & human → So Contamination of natural orifice & surface of animal & environment.

5) M.O become pathogenic under certain conditions & produce exotoxin.

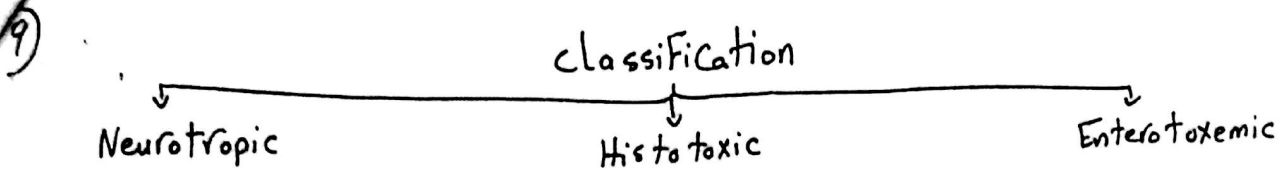
6) Pathogenicity depend on toxin "Toxemic disease" → Toxemia

M.O produce different types of toxins



7) Effect of toxin → necrosis, Lethal, hemolytic

8) Mode of transmission → Mainly by ingestion of spore  
→ May be through wound



### Another classification

#### Invasive

- .M.O (spore) enter the body
- under certain conditions
- vegetative → toxin

#### Non Invasive

- Ingestion of toxin directly
- Toxin only enter the body.

- 10) Most of them cause
1. sudden death
  2. short course
  2. treatment of low value.

1) Diagnosis depend on P.M, Isolation & identification, sudden death

2) low morbidity & high mortality (100%)

N.B Soil borne diseases

```

graph LR
    A[Soil borne diseases] --> B[Anthrax]
    A --> C[Clostridial diseases]
  
```

Diagnosis Depend on:-

1. sudden death, P.M
2. Direct smear (G+ve bacilli)
3. Isolation from lesion "anaerobic" → Cooked meat media
4. Demonstration of toxin in mice → death within 24 hrs.
5. Identification of toxin → mouse protection test or toxin-antitoxin neutralization test



Disease	Etiology	Host	Age	route	PM	predisposing factors	
Lamb dysentery	Cl. perfringens type B	suckling lamb	1-3 w up to 1 m	Ingestion of spore	In SI "ileum" → dehydrated carcass soiled with feces * severe Hg enteritis * large ulcer tsc * content "bloody" * serous fluid in peritoneum & pericardium	- good condition + single than twins + over suckling after starvation	- Per acute ↳ sudden death with post mortem signs.
Rulpy kidney	Cl. perfringens type D	Feet of sheep	2-3 up to 6 months - may be to 1 year.	//	+ "kidney soft" rapid autolysis	- over eating of Conc, starch, glands	- $\alpha$ -E
struck Hemorrhagic enteritis)	Cl. perfringens type C	Adult sheep	Adult = 1 year = yearling	//	//	good condition	$\alpha$ -B
Black disease infectious necrotic hepatitis)	Cl. novyi type B	- sheep mainly - rarely in cattle	Adult	//	- Mainly in liver - hepatic necrosis 1-5 cm - large	Fascioliasis	UB R/F called infection enzootic hepatitis - live ch' by pin point necrotizing loci 1-2 cm - Pin cause red urine
Bacillary Hemoglobin urea	Cl. novyi type D	- mainly cattle - rarely sheep	Adult	//	liver infarct 5-20 cm	Fascioliasis	
Big head (swollen head)	Cl. novyi type A	Ram "Adult"	1-2 year "Adult"	wound	Edema in head + wound	Fighting during breeding	

Disease	Etiology	Host	Age	Route	P.M	Predisposing Factors
Black leg Black quarter	Cl. chauvii	Cattle → sheep →	6-24 m All ages	ingestion of spore early wound wound mainly	<u>In muscles</u> - Edema - crepitation - gas formation - offensive odor - H <sub>2</sub> S - blacking - painful hot then became cold, painless	
"alignant Edema as gangrene"	Cl. septicum	All animals including human	All ages	wound	- Edema, crepitation - offensive odor	
Braxy Bad spot	Cl. septicum	sheep	6-18 m.	ingestion of spore	<u>In abomasum</u> - severe hemorrhage - inflammation - ulceration	- snow food - filthy grass
tetanus	Cl. tetani	All animals - human, sheep goat, equine highly suscep. Ruminant & horse	All ages	wound "deeply located"	No P.M	Both non invasive neob tropic
Botulism	Cl. botulinum	all animals	all ages	ingestion		

## Diseases enter Through wound :-

- 1) Tetanus
- 2) Malignant edema
- 3) Black leg "in sheep"
- 4) Big head

V.B) ⇒ Caseous lymphadenitis is non clustrioidal disease - accidental

## ⇒ Cause of wound in sheep:-

- 1) shearing
- 2) docking
- 3) open castration
- 4) lambing in dam due to laceration ingential tract.
- 5) umbilical wound in young.

V.B) pregnant dam take vaccine in late stage that poster before parturition by 2 weeks.

## Control

- 1) Avoid predisposing factors
  - over heating
  - ~ suckling
  - ~ crowding
  - wound
- 2) Good mangement of wound "after shearing, docking, etc..."
- 3) Hygenic disposal of Carcass & disinfection of the Farm
- 4) oral administration of antibiotic (as) oxytetracycline in food & water  
"or"  
injection - penicillin (drug of choice)  
- sulphon amides
- 5) Fluid Therapy
- 6) vaccination

⑤



## Vaccination

Formaline Killed vaccine "Toxoid"  
"whole culture vaccine"

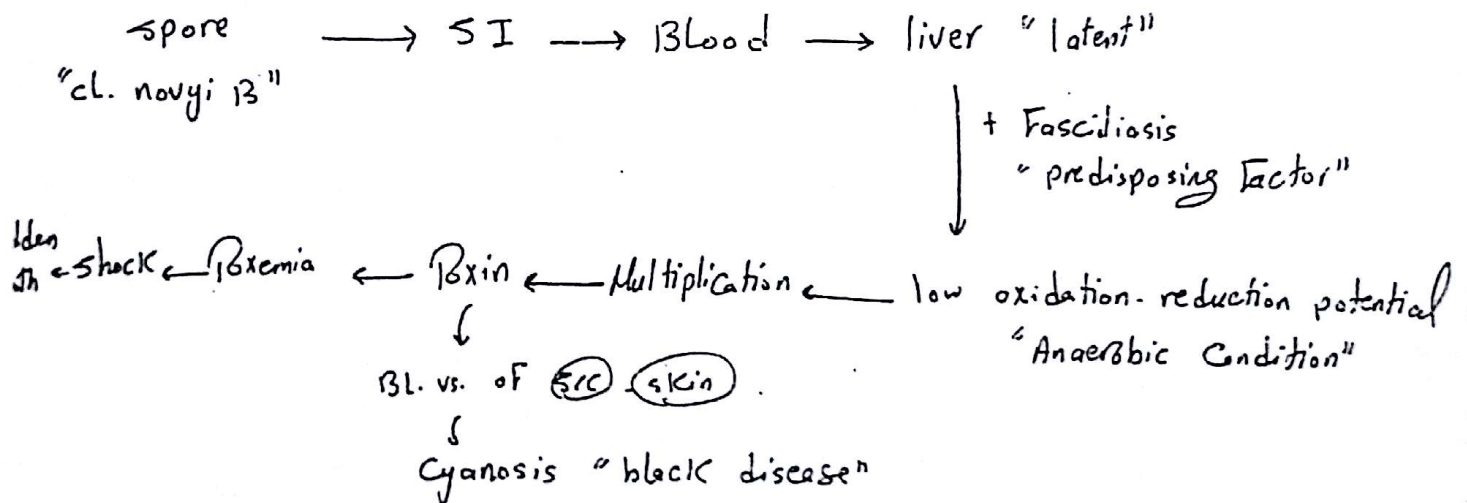
	<u>Cattle</u>		<u>sheep</u>
<u>Dose</u>	2 doses		2 doses
<u>1st</u>	5 ml	" with 4-6 w. interval " between 2 doses	3 ml
<u>2nd</u>	3 ml		2 ml
<u>booster</u>		Repeated after 6 month with the same doses.	

Cattle → 5ml  
sheep → 3ml

Name of vaccine: Gvaxin 8 - Gvaxin 10 - ultra bac - polyvalent vaccine

## Black disease

### Pathogenesis



## Bacillary Hb urea

⇒ Pathogenesis as black disease

⇒ Toxin → hemolysis of RBCs "Red urine"

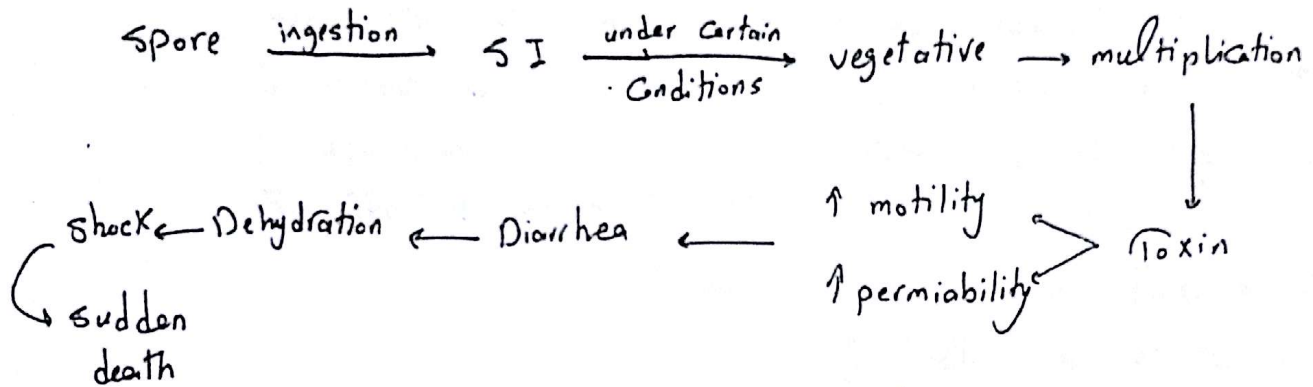
(V.B) ⇒ sudden death without previous signs may occur in all clostridial dis.

(6)

## Malignant edema

- wide The wound to enter  $O_2$  → injection of  $H_2O_2$  Then infiltration of penicillin at site of wound + systemic penicillin

- Pathogenesis of 1<sup>st</sup> 3 diseases 'enterotoxemia in sheep'



سأخبره الرابع / د محمد

# 1. Disease Causing Nervous Manifestation in «Sheep»

١٢٤

	1- Listeriosis	2- Coenurosis <span>لوران ليطيس</span>
Def:-	<p>- Acute infectious disease affecting wide range of Animals ch'by</p> <p>11- nervous manifestation.</p> <p>12- Septicemia.</p> <p>13- Abortion <span style="margin-left: 20px;">Cattle At 7m</span> <span style="margin-left: 40px;">Sheep At 3m</span></p>	<p>- Acute or Chronic disease of sheep caused by invasion of The brain by intermediate stage of (Taenia multiceps) <span style="border: 1px solid black; padding: 2px;">Cenurus Cerebr.</span></p> <p>Ch'by:- 11 Nervous Manifest</p> <p>12- unilateral or bilateral blindness.</p> <p>13- Death after long Period. <span style="margin-left: 20px;">pr</span></p>
Distrib	<p>wide range disease as:-</p> <p>1. wide range host.</p> <p>2. " " temperature.</p> <p>3. " " of signs.</p>	world wide distribution.
Causive agent OR etiology	<p>bacterial disease.</p> <p>* L. monocytogenes <span style="margin-left: 20px;">1/2 a</span> <span style="margin-left: 40px;">5 Serotypes</span> <span style="margin-left: 40px;">with many subtypes</span> <span style="margin-left: 20px;">1/2 b</span> <span style="margin-left: 40px;"></span> <span style="margin-left: 20px;">3b</span> <span style="margin-left: 40px;"></span> <span style="margin-left: 20px;">4b</span> <span style="margin-left: 20px;">in egypt</span></p> <p>Char. of L. mono. Cyto</p> <p>1- G+ve - motile - intracellular</p> <p>2- Cold enrichment → imp. in isolation.</p> <p>3- grow on bl. agar → B. hemolysis.</p> <p>* Listeria ivanovi → Food Poison.</p>	<p>Parasitic in nature.</p> <p>* Taenia multiceps.</p> <p>Live in <sup>↓</sup> sm. intestine of Dog.</p> <p>* Cenurus Cerebralis.</p> <p>Live in <sup>↓</sup> brain of Sheep.</p>
Subs	<p>All animals.</p> <p>• <u>Sheep</u> &gt; Cattle, buffalo &gt; goat</p> <p>&gt; equine &gt; Pig &gt; dog &gt; Cat</p> <p>&gt; rabbit</p>	<p>• <u>sheep</u> &gt; Cattle, horse, wild ruminant</p> <p>but <u>very rare</u>.</p>



	Listeriosis.	Coenurosis.
Source of Infection	<p>① Abortion → Aborted fetus                     ↓                     Fetal m.m                     ↓                     Vaginal discharge.</p> <p>② Septicemia → Feces - urine                             ↓                             milk.</p> <p>③ Meningo-encephalic. → ingestion of contaminated material (Food &amp; water). → injury in oropharyngeal cavity → Trigeminal N.</p>	<p>Dog suffer from</p> <p>T. multicaues in small intestine.</p> <p>↓</p> <p>Feces contain <u>eggs</u></p>
Method of transmission:-	<p>III ingestion of Contaminated Food &amp; water → Septicemia in monogastric animal &amp; calf - lamb then localized in different organ</p> <ul style="list-style-type: none"> <li>uterus → Abortion.</li> <li>Liver - spleen.</li> <li>Lung → Pneumonia</li> <li>udder → mastitis.</li> </ul> <p>II inhalation through mm of Nasopharynx</p> <ul style="list-style-type: none"> <li>→ Trigeminal N <math>\xrightarrow{\text{ascend to}}</math> microabscess in brain stem → meningo-encephalitis.</li> <li>optic N → endophthalmitis.</li> <li>Spinal Cord → Spinal myelitis " infect of myelin sheath "</li> </ul>	<p>Life Cycle</p> <p>infected dog <math>\xrightarrow[\text{Feces}]{\text{eggs}}</math> Contaminated Pasture.</p> <p>↓</p> <p>larva ingestion by sheep.</p> <p>↓</p> <p>blind.</p> <p>migration to Nervous tissue.</p> <p>6-8m</p> <p>mature (Complete) Cyst in brain (5cm).</p> <p>↓</p> <p>Pressure atrophy.</p> <p>↓</p> <p>Chronic stage in sheep death after long Period.</p> <p>during migration Acute stage appear.</p>

Listeriosis	Coenurosis.
<p>cli. signs:-</p> <p><b>11) Meningo-encephalic Form:-</b></p> <ul style="list-style-type: none"> <li>a. transient Fever (during bacteraemia only).</li> <li>b. Separation from flock.</li> <li>c. head pressing</li> <li>d. unable to rise head.</li> <li>e. Circling:- in the same side of lesion in brain stem.</li> </ul> <p><u>D.D</u> → <u>Coenurosis</u></p> <p><b>F. Facial Paralysis detected by:-</b></p> <ul style="list-style-type: none"> <li>→ drooling of Saliva.</li> <li>→ inability to masticate with hanging food in mouth.</li> <li>→ drop of ear, eye lid of affected side</li> <li>→ Paralysis &amp; Protrusion of tongue in sheep - Cattle.</li> </ul> <p>- Recumbency - death in late stage.</p> <p><b>12) Abortion Form:-</b></p> <p>At 7th in Cattle.</p> <p>At 12 wk 3rd month in sheep.</p> <p><u>Abortion</u> associated with <u>Septicemia</u></p> <p>Aborted lamb - necrotic Foci Liver + heart + spleen.</p> <p>Yellow orange mucinum.</p> <p><b>13) Septicemic Form:-</b></p> <p>in monogastric A 6 lamb - calf.</p> <p>greyish diarrhea - septicemia - death.</p> <p><b>14) Others:-</b></p> <ul style="list-style-type: none"> <li>• udder → mastitis without change in milk consistency.</li> <li>• Lung → Pneumonia.</li> <li>• Spinal Cord → spinal myelitis.</li> <li>• 5 knuckling of hind limb</li> <li>• Fore limbs → Paralysis - paresis</li> <li>• Coenurosis → short coarse death</li> </ul>	<p><b>1) Acute stage:-</b></p> <ul style="list-style-type: none"> <li>• Variable degree of blindness</li> <li>• ataxia • tremors.</li> <li>• nystagmus → (uncontrolled movement of eye ball especially after head movement by tester).</li> <li>• excitability.</li> <li>• dropping upper eye lid.</li> </ul> <p>لو نرى طبيب راسه يزعج any (anti inflammatory drugs) Case will improve</p> <p>إذا لم يبرح بعد فترة (3-5) سوا راسه Chronic signs will appear Cyst formation No ++</p> <p><b>2) Chronic stage:-</b></p> <p>Acute irritation include wild expression + Frenzied run.</p> <ul style="list-style-type: none"> <li>• head tilt :- deviation of head-neck to one side</li> <li>• deviation of head-neck from longitudinal axis.</li> <li>• blindness in one eye.</li> <li>• epileptic Convulsion.</li> <li>• dullness</li> <li>• softening of skull</li> <li>• death after long Period.</li> </ul> <p>لو لدا فرسه بيا نره • • • • • Coenurosis نبي لو لدا لستريوس و صا بيش حيوان ديمون</p>

P.N

↳ Septicemia → Necrotic foci in internal organ especially.  
(Liver - Spleen - heart).

↳ Abortion :- Placentalitis

Aborted lamb [Yellow orange mucous necrotic foci in (Liver - Spleen - Heart).

↳ mening encephalitis →

- Thickening of meninges <sup>تسكك</sup> inflammation. <sup>Salaf</sup> <sup>أى</sup> <sup>gyn of brain</sup>  
- Congestion of bl. vessels of brain stem <sup>Pores</sup> <sup>m-oblongata</sup>.

Cyst in Brain

↓  
thin wall

risk factors.

All ages susceptible  
Stress <sup>winter.</sup> <sup>humidity.</sup>

unProper made silage  
(it's PH exceed 5).

Proper made silage must have  
PH → acidic  
↓  
Anaerobic Condition

M.O → grow At wide range of temp 4 - 44°C  
Live in feces for 3m → sheep  
2 year → Cattle

• economic losses

Death      Zoonosis  
            /      \  
          Abortion      Skin lesion

Get of Ht and Central



Diagnosis • Field → Case history - epidemiology  
 → Continuous relapse.  
 → Signs → Circulating.  
 → PM

• lab  
 Sample! Abortion:- Abomasal Content  
 • liver-spleen of aborted lamb

Meningoencephalitic form:-

• Brain stem.

Septicemia:- internal organ.

isolation:-

Brain stem sample → Palcam agar → 4 wk  
 or broth.

in refrigerator 4°C = Cold enrichment.

microscopical:- Gram stain

G+ve, short bacilli or coccobacilli.

\* detect of m-o motility.

Wet mount tech

↳ tumbling motility.

NaCl 0.9%  
 drop of broth.

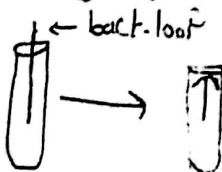
→ oil immersion lense → Jerking

due to presence of motility.

Polar flagelles.

on semi solid media →

umbrella like growth or motility.



• Nervous signs - head tilt  
 Presence of dog with sheep.  
 Circulating in anuraxis → against side of Gy  
 " " listeriosis → same side of lesion.

Tests to detect or determine the site of Cyst.

blind fold test

Knuckling test

• I/D inoculation of sample.

- have no value

- as false +ve false -ve result one wide

Keys to locate Cyst →

→ 80% in → Cerebral hemisphere.

→ 10% → Cerebellum.

→ 8% → multilocation.

→ 2% rare → spinal cord.

unilateral blindness → Cerebral Cyst (superficial)

Bi " " → Cerebellar Cyst (deep)

• narrow diameter circle 1-2 meter → Superficial

• head pressing → frontal lobe.

lab diagnosis:-

• detect egg in feces.

• Cyst in skull of sheep.

\* Lab Animal :-

① Anton test → G. Pig or rabbit  
instillation of sample in eye

→ +ve is Purulent  
kerato conjunctivitis.

② Mice → IP injection of  
0.1 ml of sample.

→ Death in 3-7 days.

• Histo Pathology :-

1. Micro abscess in brain stem.

2. Necrotic foci in Liver, spleen  
heart.

• CSF analysis :-

obtained from lumbosacral  
space in sheep

→ ↑ total Protein.  
↓ leucocytic count.

D.D

differentiated From

\* Disease Causing abortion.

\* disease Causing nervous  
manifestation.

1. disease Causing abortion in sheep

2. " " " " Cattle  
غير مطلوب

3. listeriosis - encephalitis. هذا النجم

4. disease Causing Nervous  
manifestation. ↓

سوف يتم سردها من ناحية بالذكرة.

# listeriosis

# Genurosis.

[7]

##

PreCaution must be taken before ##.

- ## must be as early as possible
- antibiotic used should be.

1- act on G+ve

2- Pass bl. brain barrier as

← PenCillin.

Chloro Phenicol.

① Antibiotic ① PenCillin

- I/m 44000 Iu/kg

twice daily → 10-14 day.

then 22000 Iu/kg

twice daily → 10-14 day.

② ampicillin The best

20 mg/kg - twice daily → 7-10 day

③ borqal → (Sulfa + trimethoprim)

1 mL / 15 kg every 48 hr

② NSAIDS i. f. meglumin.

③ Supportive ## Vit B Complex

④ infused A fluid therapy.

Control of listeriosis:-

→ Prevent poor made silage.

→ avoid fecal oral route contamination by.

• Change diet or change pasture.

• water feeding troughs must be higher than ground.

+ Vaccination.

No ##

Fungicidal if the Animal is Variable

Control of Genurosis

→ Dog ① regular deworming of dogs kept with sheep.

→ Pasture ② avoid Contami of Pasture

③ Prevent sheep to graze on Contam pasture.

→ diseased sheep ④ hygi. disposal of affected sheep (brain).

• Vaccination of listeriosis.

• Live att → must in endemic area as vaccine live

So m.o shed in feces so if Free area you will introduce the infection to it.

• Killed not useful not give Complete Protection

N.B outbreak → ## + Control with No vaccine.

No outbreak → Vaccine.



Listeriosis		Cerebras
Syn	Circulating disease	Gid - sturdy.
C-agent	L-monoCytogen	C. Cerebralis . inf. stage of T. multigaps
distribution	in temp range 4-44°C	world wide
Fever	transient during bacteraemia only	—
Zoonotic	++ ++	— rare.
Abortion	+	—
Corneal ulcer diarrhea Fascial Paralysis.	+	—
Softening of skull Frozen run.	—	+
Liver	necrotic foci	No.
brain	micro abscess in brain stem. thickness - Cloudiness of meninges.	- Cyst in brain. - if you open before cyst development you find migratory tract.
+++	- good in early stage - Penicillins.	- No. +++ - fungicidal if viable animal
epidemiology if 8	Sporadic • short course • if no +++ in early → death	• outbreak • long course → then death

	Nasal mysis	SCarPie SCP
Syn.	ostrus ovis infestation. Nasal bot = head bot & grut	
Def.:	Parasitic disease of sheep Ch' by chronic rhinitis sinusitis - mucopurulent nasal discharge.	Chronic disease of adult sheep Ch' by :- Pruritus - sever itching. Nervous manifestation - Tremors.
Causitive agent.	ostrus ovis.  (N.B.) الاعراض تحدث بواسطة اليرقات لأنها تلتصق بالأنف في ( // ) Listeriosis or Gangrenosis. مخاطبة - مخاطية ← مخاطية nasal discharge → Nasal Mysis.	Prion (Proteinaceous material) without DNA or RNA diagnosis very difficult in healthy animal as the body can't identify the cause. No <u>Ab</u> → No Serology.
Source of inf		Causitive agent descend in Placenta. Fetal fluid only. <u>Not</u> descend in other secretion.
Life Cycle	<p>Mode of transm</p> <p>adult egg → nostril of sheep</p> <p>↓ larva</p> <p>Feed on mucus epithelium</p> <p>↓ 3rd larva in nasal cavity</p> <p>Continuous irritant ← Sneezing</p> <p>هذا اليرقات تضر</p> <p>adult worm → 500 egg.</p> <p>morbidity → very high</p> <p>mortality → No</p>	<p>• Vertical</p> <p>• horizontal → exposure to Contamin material (placenta - fetal fluid). by ingestion mainly.</p> <p>⇒ Rhinitis &amp; sinusitis may last for 10 month. لأن اليرقات تلتصق بالأنف في ( // ) لأن اليرقات تلتصق بالأنف في ( // ) لأن اليرقات تلتصق بالأنف في ( // )</p>

- |   |  |
|---|--|
| <p>signs</p> <ul style="list-style-type: none"> <li>• irritation - restlessness - Circling</li> <li>• Animal hide bet other Animals.</li> <li>• Seek Cool - humid area.</li> <li>• rub against hard object / head shaking.</li> <li>• sheep lift their feet - scratch Nose</li> <li>• belbow تنجروك - Sneezing.</li> <li>*** Mucous Purulent Nasal discharge</li> <li>difficult breathing.</li> </ul> | <ul style="list-style-type: none"> <li>• Changing behaviour - Freezing gait.</li> <li>• tremors of head.</li> <li>• lose of wool.</li> <li>• scratching against hard object.</li> <li>• 6.w → 6m → death.</li> </ul> |
|---|--|

- |   |   |
|---|---|
| <p>Diagnosis</p> <p>Field → See Adult worm in Place</p> <p>lab → identification of larva.</p> | <p>signs. ← Field.</p> <p>lab { No serology.</p> <p>Histopathology</p> <p>↳ brain vaculation.</p> |
|---|---|

- |   |   |
|---|---|
| <p>Prognosis</p> <p>Acc to Ht</p> <p>guarded Prognosis.</p> | <ul style="list-style-type: none"> <li>• Control of Scarpe SCp</li> <li>• Destruction of all Form.</li> </ul> |
|---|---|

- |  |  |
|--|--|
| <p>Ht</p> <ul style="list-style-type: none"> <li>• adult Fly → insecticides.</li> <li>• larva in A' → rafoxanid</li> <li>nitroxy nil 1mL/25kg.</li> <li>Ivermectine 1cm/50kg.</li> <li>washing Nasal Cavity by</li> <li>NaHCO<sub>3</sub> 1%.</li> <li>• [cleaning Nostril]</li> </ul> |  |
|--|--|



[11]

## \* Other Diseases Causing Nervous Manifestation :-

[1] Rabies → history of biting.

Signs differ Acc to A spp.

Cattle → Continuous bellowing.

Horse → biting his flesh.

Sheep → extensive sexual desire in both ♀ or ♂

[2] Hypomagnesemia

- in form of fits  $\bar{L}ijai$

- if +ve by mg sulphate 5/10-1/10 → healing.

[3] Pregnancy toxemia = ketosis :- . associated with pregnancy.

. urine → ketons +ve by urine strip test.

. acetone odor. . if +ve by dextrose 5-10%.

[4] thiamine deficiency :- +ve by vit B Complex 1/10

[5] Hypocalcemia \* twisting of head to one side.

\* Response when treated by Ca therapy.

" Good Luck "

## Strangles.

## Glanders " Farcy "

- Def:-
- Acute Contagious infectious disease of equine.
  - ch by inflammation of upper respiratory and abscessation of regional L-N
    - Submaxill
    - Parotid
    - retro Pharyngeal.
  - Come once in life and specially in young age. it may come more than once.

- Acute or chronic highly fatal Contagious disease of equine and human. mostly acute in Donkeys and chronic in Horses.
- ch by Formation of Nodules and ulceration in Respiratory tract and skin.

etiology \* streptococcus equi subsp equi. \* Pseudomonas Mallei  
Burkholderia Mallei

G + ve
 

- Single.
- Paired.
- Chain.

\* G -ve bacteria.

\* Present in - Nasal discharge.  
- Pus - saliva.

\* Capsulated.

\* Virulence
 

- hyaluronic Acid
- Protien.

 which Prevent phagocytosis

\* toxin → leukocidal toxin

Sus equine only

equine - Human.

Dog - Cat → may be

## Strangles

Age

Young A' > adult A'

6m - 1 year → more suscep

Season

Winter + any Cause  
Causing stress as transportation

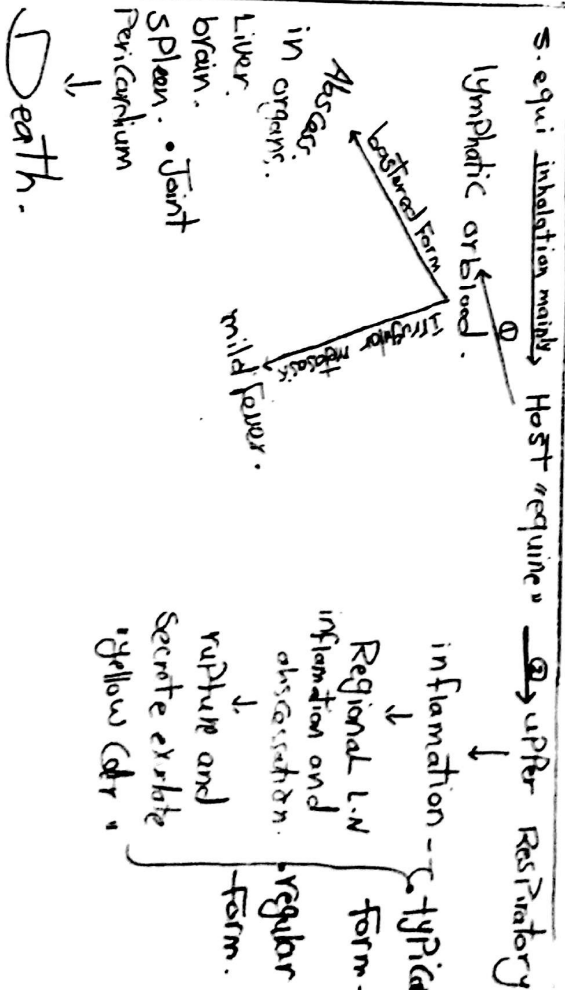
Source of infection

Diseased A' — Nasal discharge.  
discharge from L.N

Mode of trans

- 1- mainly inhalation.
- 2- ingestion.
- 3- indirect contamination with droplet.

Pathogenesis



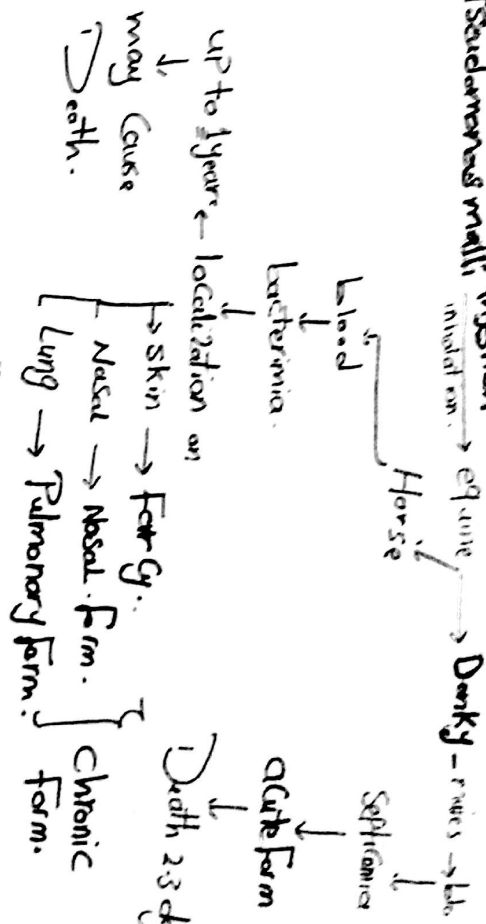
## Glander

autumn + winter high occurrence  
+ any Cause of stress.

Diseased A' + Carrier A'

- 1- ingestion mainly.
- 2- inhalation.
- 3- may be skin abrasion but rare.

## Pseudomonas mallei infection





# Clinical signs of strangles:-

131

IP → 3-8 days.

Course → 1-3 wks.

Typical Form "most common"	Atypical Form.	bastard Form.
<ul style="list-style-type: none"> <li>* Fever - <u>bilateral</u> nasal disch</li> <li>Serous → mucoid → mucopurulent</li> <li>* Cough Dry then moist.</li> <li>* Difficult in swallowing.</li> <li>* regurgitation of feed</li> <li>* Snorting - Dyspnea.</li> <li>* enlargement of L-N <sup>Submaxillary</sup> <sup>Parotid</sup> <sup>retro Pharyngeal</sup></li> <li>hotness - Pain.</li> <li>* the abscess of L-N rupture may be internal or external</li> <li>* Pus → yellow greenish Pus.</li> </ul>	<ul style="list-style-type: none"> <li>- mild Form.</li> <li>- when non capsulated N.O</li> <li>- mild Fever.</li> <li>- L-N mild enlarged.</li> <li>early abscessation of L-N</li> </ul> <p><u>Complications:-</u> Due to "Ag - Ab reaction"</p> <ol style="list-style-type: none"> <li><u>Purpura hemorrhagica</u> <ul style="list-style-type: none"> <li>+ hypersensation of Ag-Ab react</li> <li>+ vasculitis in wall of bl. vs.</li> <li>+ edema in heart.</li> <li>+ Petichial Hge in lips and in head- Neck may reach abdomen. + eye edema.</li> </ul> </li> <li><u>myocarditis</u> → due to Ag-Ab reaction in <sup>myocardi</sup> <del>myocardium</del> in heart muscle.</li> <li><u>Anemia</u> Ag-Ab reaction in wall of RBCs → rupture lead to Anemia.</li> <li><u>Guttural Pouch</u> <del>empyema</del> <sup>empyema</sup>.</li> <li>make Carrier <u>60%</u> re-infection source of infection.</li> <li>may be <u>sinusitis</u> and <u>glomerulonephritis</u>.</li> <li>Protein in capsule look like</li> </ol>	<ul style="list-style-type: none"> <li>metastases.</li> <li>abscess in different organs of body.</li> <li>Lung → Suppurative Pneumonia.</li> <li>brain → meningitis.</li> <li>Joint → arthritis - lameness.</li> <li>Heart → Pericarditis.</li> </ul> <p>Prognosis ↓ bad due to "fetal" mortality → 100%.</p> <p><u>III:</u> Antihistaminic Ca<sup>+2</sup> solutions</p> <p><u>MyoGen</u> in heart.</p>

N.B

# Clinical Signs of glanders.

I.P → 2 wk to several month.

Acute Form.	Chronic Form "Farcy + Pulmonary + Nasal" form
<ul style="list-style-type: none"> <li>* Fever + Coughing.</li> <li>* <u>unilateral</u> or <u>bilateral</u>. Nasal discharge.</li> <li>* may be stained with blood.</li> <li>* ulceration of Nasal mucosa or Nasal Septum.</li> <li>* ulceration in body especially <u>hind limb</u></li> <li>* Death 2-3 day.</li> <li>* Death due to <sup>Fever</sup> Septicemia.</li> </ul>	<ul style="list-style-type: none"> <li>① Skin form "Farcy" . no Systemic Reaction. "1-2 cm" nodules → rupture → <u>ulcer</u> - <u>star like</u> <u>honey like discharge</u> . Occur in <u>hind limb</u> (check joint) lymph vessels are affected but <u>L.N</u> may be affected.</li> <li>② Nasal form:- "1 cm" nodule in <u>Nasal mucosa</u>, <u>Septum</u> ulceration. "unilateral or bilateral" may be stained with blood. + submaxillary L.N may be enlarged but Not abscess.</li> <li>③ Pulmonary form:- Come alone. * epistaxis → bilateral * Pneumonia * Septum stained with blood.</li> </ul>

	Strangles	Glanders
P.M		nodule Present in Lung.
D.D	<ul style="list-style-type: none"> <li>① equine viral arthritis → respiratory + abortion. L.N → Normal.</li> <li>② equine viral Rhinopneumonitis. → Abortion L.N → Not enlarged</li> <li>③ Pulmonary form of equine influenza → L.N enlarged but not separated.</li> <li>④ Nasal form of glanders.</li> </ul>	<ul style="list-style-type: none"> <li>Farcy must be differentiate with lesion on <u>lower limb</u> of equine.</li> <li>as ① ulcerative lymphangitis.</li> <li>② Sboratrichasis</li> <li>③ E.L</li> </ul>

## Strangles.

## glanders.

Diagnosis.

1] Field diagnosis.  
"Case history + cli. signs + PM"

2] lab diagnosis.

Sample → Nasal discharge - Pus

• Isolation on b. agar → hemolysis.

• Identification by biochemical test

• PCR \* Inoculation in mice

→ enlarged in L.N of mice.

• Smear → G ± ve cocci.

• Serology → passive H-A

• due to cell immunity.

1] Field diagnosis.

2] lab diagnosis.

Sample → Serum - exudate.

• Serology → "CFT"

inoculation of Pus or exudate

in G. Pig → orchitis (Straus reaction).

\* Malline test Forms  $\begin{cases} \text{S/C} \\ \text{ophthalmic} \\ \text{I/D} \end{cases}$

result after → 24 hrs.

T+

① Specific #: ① Penicillin

dose 10000 Iu/kg but may use  
20000 Iu/kg. I/m for 5-7 day.

② inflammation → Finadyin 1 cc/45kg.

\* Analgin → 7 cc / 100 kg

N.B

may use Sulfenamide as antibiotic

but not use oxytetracycline.

as it irritant and toxic in  
equine.

Abscess :: treatment of abscess.

Nursing Complete rest with soft food

• Fluid therapy of GNC ringer lactate.

• remove discharge and swab with  
Antiseptic.

• remove any stress factor

• It is forbidden as Animal  
Borne Carrier

• Destruction of A should be done.

• If endemic Area only Sulfenamide  
or Nitrofurans could be used

N.B

Egypt Free From glanders.

	Strangles	Glanders
Control	<p>1] isolation for 6 wks.</p> <p>2] disinfection of Plac.</p> <p>3] hygienic measure <math>\rightarrow</math> Carcass + + +</p> <p>4] if one abscess <math>\rightarrow</math> open in isolate place as it can be a source of infection of the farm.</p> <p>Vaccination.</p> <ul style="list-style-type: none"> <li>• <u>S. equibacterin</u> (Equibac 2)</li> <li>• <u>M. Protein extract vaccine</u> (Streptovax).</li> </ul> <p>Age <math>\rightarrow</math> 12 wk <math>\rightarrow</math> 2nd dose in 15-18 wks.</p> <p>Route I.m</p> <p><u>N.B</u> <math>\rightarrow</math> recommend Not used as it cause <u>Post. Vacc. reaction</u></p> <ul style="list-style-type: none"> <li>• <u>Pinnacle I/N Vaccine</u>.</li> </ul> <p>2 mL <u>2-3 wks</u> <math>\rightarrow</math> 2 mL</p> <p><math>\downarrow</math></p> <p>12 wk</p> <p>give local immunity</p> <p>depend on IGA.</p> <p>So no disadvantage</p> <p>route <math>\rightarrow</math> I/N.</p>	<p>1] detection the source of infection by mallein test.</p> <p>2] destruction of infected A</p> <p>3] mallein test every 1 month with 3 successive -ve <math>\rightarrow</math> Free.</p> <p>4] detection of carrier by CFT +ve <math>\rightarrow</math> destruction.</p> <p>5] disinfection of stables.</p>



	Caseous lymphadenitis	Ulcerative lymphadenitis	Sporotrichosis
Syn.	Pseudo tuberculosis	—	— ⑦ ⑧ ⑨
C.A	<i>Corynebacterium pseudotuberculosis</i>	<i>Corynebacterium pseudotuberculosis</i> ⑩ <i>Corynebacterium ovis</i>	<i>Sporotrichum schenckii</i>
Host	Sheep	Horse, Cattle	Horse, Cattle
Source of Infection	Pus from opened L.N Contaminated Soil as M.O still live in soil for 4-5 months.	Discharge from nodule	Discharge from infected animal
M.O.T	- Skin abrasion, wounds	- wounds - Abrasion contaminated by pus - Insect may be.	- wounds - Abrasions
Pathogenesis	<p>M.O wound → host → lymph vessel near to L.N</p> <p>↓</p> <p>Blood ↓</p> <p>lamination; onion like appearance</p> <p>↓</p> <p>No secession in organs</p> <p>↳ lung ↳ kidney</p>	<p>M.O wound → host</p> <p>↓</p> <p>lymphatic vessels</p> <p>↓</p> <p>abscessation along lymph vessels</p>	<p>M.O wound → suspected host</p> <p>↓</p> <p>lymphatic vessels</p> <p>↓</p> <p>nodules</p> <p>↓</p> <p>rupture</p> <p>↓</p> <p>thick creamy pus</p>

②	Caseous lymphadenitis	Ulcerative lymphadenitis	Spontaneous
Signs	<p>① Cutaneous form</p> <ul style="list-style-type: none"> <li>- enlargement and also scission of one or more lymph nodes involve superficial L.N (prescapular L.N)</li> <li>* Discharge → thick green pus.</li> </ul> <p>② Visceral form</p> <ul style="list-style-type: none"> <li>- Emaciation &amp; Death</li> <li>- Broncho pneumonia</li> <li>- Pyelonephritis.</li> </ul>	<p>SLC Node around fetlock may enlarged to 5-7 cm</p> <p>↓ rupture</p> <p>creamy green pus stained with blood.</p> <p>- lymph vessels of lower limb L.N not involved in horse. But <del>not</del> involved in Caseous lymphadenitis.</p>	<ul style="list-style-type: none"> <li>- Skin nodule in fetlock joint → thick creamy pus</li> <li>- long course → chronic</li> <li>- lymphangitis → caking lymphatics with enlargement L.N.</li> </ul>
post mortem	<ul style="list-style-type: none"> <li>- Emaciated Carcass</li> <li>- Caseous abscess discharge (greenish-yellow pus) in one or more superficial L.N</li> </ul> <p>pus → early, soft, pasty, later, firm, dry.</p> <p>- laminated appearance.</p>	—	—

	Caseous lymphadenitis	Ulcerative lymphadenitis	Sporotrichosis
Diagnosis	<ul style="list-style-type: none"> <li>- Field diagnosis</li> <li>- Lab diagnosis</li> <li>- Sample → pus (greenish) → affected organ</li> <li>- pus may be ↓</li> <li>* Isolation and Identification</li> <li>- G+ve, Cocci-bacilli</li> <li>- Chinese letter</li> <li>* On blood agar: → pinpoint glistening colonies</li> <li>- opaque → orange</li> <li>* Inoculation in G-Pig (Strauss-reaction)</li> <li>↓</li> <li>I/P</li> <li>Strauss reaction</li> <li>I/V</li> <li>* Death after 4-10 days</li> <li>* Abscess in all organs</li> </ul>	<ul style="list-style-type: none"> <li>- Field diagnosis: signs</li> <li>- Lab diagnosis:</li> <li>- closed nodule (best sample)</li> <li>* Isolation on blood agar</li> <li>↳ hemolysis</li> <li>* Microscope → N.O</li> <li>* Animal inoculation → I/P of G-Pig</li> <li>↓</li> <li>Strauss-reaction</li> <li>* Biochemical test:-</li> <li>+ve Catalase fermentation</li> <li>of glucose → Acid-production</li> <li>* Skin lesion on hind limb.</li> </ul>	<ul style="list-style-type: none"> <li>* Field diagnosis</li> <li>* Lab diagnosis:</li> <li>* Sample; unopened nodule</li> <li>* Microscopic examination</li> <li>↳ single celled, cigar-shape</li> <li>* Isolation and Identification on brain-heart agar</li> <li>* FAT → +ve result</li> <li>- Mice Inoculation by</li> <li>Suspected material I/P</li> <li>then mice sacrificed in 3 weeks</li> <li>↓</li> <li>Smear from peritoneal exudate</li> <li>↓</li> <li>Cigar-shape bodies</li> <li>D.D → LL</li> <li>EL</li> <li>Glanders</li> </ul>

⑧	Caseous lymphadenitis	Sporotrichosis
(control and TTT)	<p>* Penicillin :- 20,000 IU/kg/b.wt - I/M - - every 12-24 hours.</p> <p>* oxytetracycline :- Short acting → 10 mg/kg long acting → 10 mg/kg 2 doses interval 48 hrs I/M @ I/V</p> <p>* Sulfonamides :- Initial dose → 100-200 mg/kg But I/V Followed by 50-100 mg/kg after 12 hrs as maintenance dose every 12 hrs.</p>	<p>* local treatment.</p> <p>* Systemic treatment :- * Na-iodide → 60-90 mg/kg B.wt Slowly I/V. <math>\text{P}^{25}</math></p> <p>* K. Iodide :- orally 0.5-5 mg/kg B.wt. every week 3 times <math>\text{SC} \rightarrow \text{SH} \rightarrow \text{toxic}</math></p> <p>* Griseofulvin :- 20-25 mg/kg orally for 2 weeks then 10 mg/kg For 45 days</p>



Griff	Clamber - skin foldy	W.	EL	Sporotrichosis
earrings	Radiomans wall	C. ovis C. Radiobacterchus	Histoplasma capsulatum var. farciminosum	Sporotrichum schenckii
lymphadenitis	+	-	+	+
lymphangitis	+	+	+	+
Color of Pus	Honey like	Green	thick creamy	scanty - Pale yellow - siffon like colour.
Sugar in Pus	G - ve	G + ve	- oval - Pear - Yeast like bodies - G + ve	Cigar shaped bodies.
silk of lesion	kind 1. int usually under hock joint	around Yellowlock J. + But acc to wound silk near to it	Hock Joint	- under Yellowlock + But - - -
Streaks (reaction)	+	+	-	-
Mallin - felt	+	-	-	-
Exam.	Acute - dark Chronic - white	Agc - 1	Chronic	Chronic

⑤

## Demateas skin disease

\* occur mainly in Egyptian Buffalo.

- ulcerative lymphadenitis (عدوى)

## Epididic lymphangitis

\* pseudo-glander (عدوى) Equine histoplasmosis

Histoplasma - capsulatum

Fungal spores.

Through wound.

Source of infection

" " " "

M.O.T

By insect

Pathogenesis

UL عدوى

lymphadenitis lymphangitis

Sporotrichosis (عدوى) ← عدوى

\* Host → Horse

Signs

\* Acute form → fever local painful edema of one or both fore limb

- enlargement of pre scapular L.N.

↳ pre femoral LN

\* Sub acute → pinble like SLC nodule

Cording lymphatics with small abscessation along course

rupture → creamy pus tinged & blood

\* chronic → Circumscribed nodule which gradually develop to closed abscess contain yellow pus

ulcerative lymphadenitis (عدوى)

PEL → Summer

→ Insect

→ bull fleas.

7

penicillin used in

① CFR → 70,000 IU

② Strangles → 20,000 - 30,000 IU

③ listeria → 44,000 IU

③ Caseous lymphadenitis → 10,000 IU

---

\* Disease causing lesion on hind limb through wound

→ Ulcerative lymphadenitis

→ edematous lymphadenitis.

→ sporotrichosis

→ Farcy.

---

# Equine Viral Rhino-Pneumonitis - EVR

Synonyms: Equine herpes virus, EVR, Equine viral abortion  
"EHV-1 and EHV-4"

Defn: Acute Febrile Contagious disease caused by equine herpes viruses ch by respiratory disease, abortion, neonatal disease and neurologic disease.

Stiology: (A) EHV-1 → abortion - Rhino-Pneumonitis - encephalomyelitis - Prenatal mortality.

(B) EHV-2 → Mild respiratory disease.

(C) EHV-3 → Coital exanthema.

(D) EHV-4 → Rhino Pneumonitis - Early abortion.

So The disease caused by EHV-1 and EHV-4

NB \* There are antigenic similarities with the bovine herpes virus IBR/IPV.

+ The virus grow on many cell causing WIB

## Epidemiology

(1) Distribution - USA, South Africa, Egypt and Europe.

(2) Source of infection  
+ nasal discharge for 2-3 weeks.  
+ uterine discharge.  
+ Diseased horses.

(3) Mode of Transmission  
+ Inhalation  
+ Ingestion.

(4) Host - (1) Horse then Donkey → mules.

(5) Factors affecting susceptibility

(A) Season → Common in winter and autumn

(B) Age → all ages but "4-8m" are more susceptible to respiratory

(1)



• Pregnant mares should ~~not~~ abort.

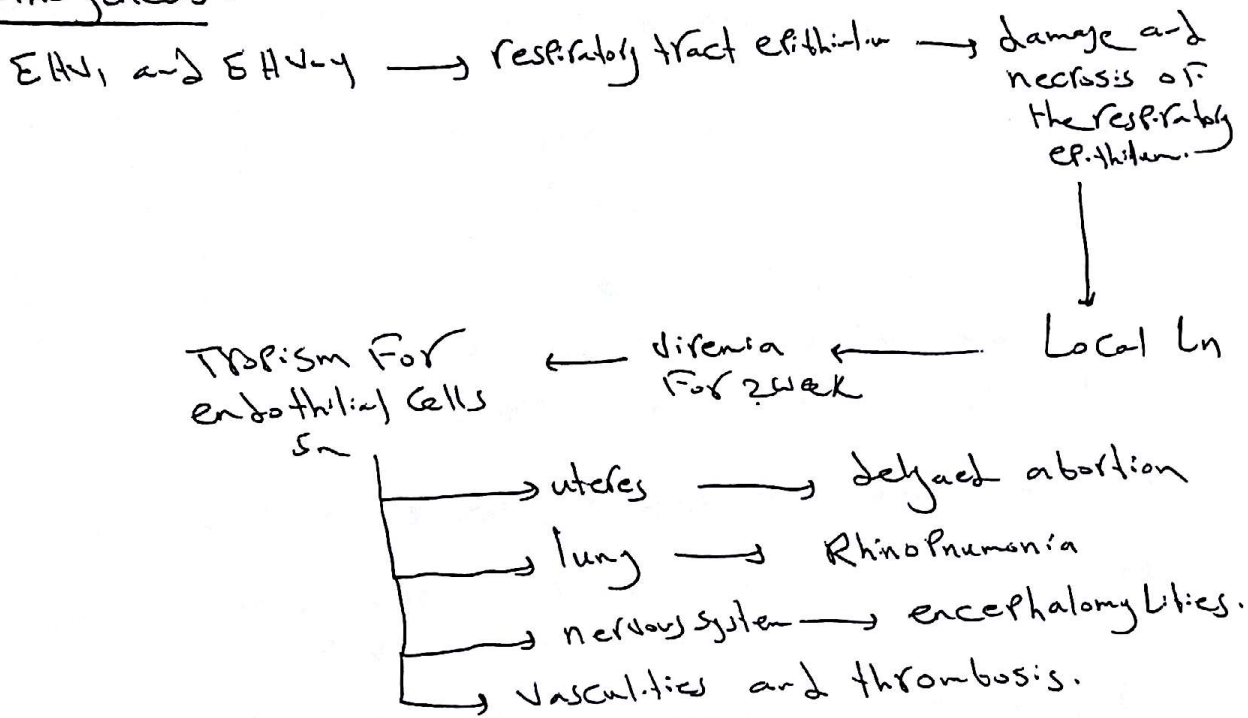
• encephalomyelitis occur in mare after Parturition.

6) Economic importance -

↓ work production

- abortion storm in pregnant mare.

Pathogenesis



Clinical Signs

1- IP → 2-10 days.

2- high mortality

3- Low morbidity.

1. course 1-3 weeks.

Forms [A] Rhinopneumonitis. ~ Respiratory Form ~  
ch by + mild Fever For one week  
+ short dry cough then become moist  
+ watery nasal discharge then mucopurulent  
+ dullness and anorexia.

[B] Delayed abortion ~ abortion Form ~  
+ Respiratory Form may be followed by abortion in 60-90%  
of pregnant mares within 2-16 weeks.  
+ after exposure of virus abortion occurs between  
8-11 months.

[C] In Foal From infected dam.  
normal birth but become weak and die within 3 day.  
" Sleepy Foal ~ [2]

neurologic Form.

- + Neurological signs in mare after foaling or during abortion.
- + It can occur after outbreak of EHV, respiratory infection
- + Ataxia then recumbency.

PM

- + Rhinitis and Pneumonitis.
- + Aborted Fetus show severe Pulmonary Congestion and Focal hepatic necrosis
- + Fluid in the pleural cavity.

Diagnosis

- (1) Field - high incidence of abortions in convulsant pregnant mare  
+ signs of respiratory tract infections.

(2) Lab diagnosis.

- Sample (1) Swab from naso-pharyngeal secretions  
↳ Put on ice refrigerated at 4°C - ~~it~~
- (2) Aborted Fetus should be Frozen.

Post mortem examination - used paired sera.

-- Detection of Ab → use SNT, CFT, ELISA, IFT

-- + Histopathology - Demonstration of eosinophilic INIB

D.D

A - Disease causing respiratory disease as strangles - EVA, Equine Rhinovirus.  
equine adenovirus.

B - Disease ~ neuro signs - as Rabies and Equine encephalomyelitis

(C) ~ -- abortion in pregnant mares Salmonella.

Prognosis

Favorable.

[3]

Not specific T.T  
+ nebulized steam inhalation  
as VapoZol ~ Comfort → decongestant.



+ Ab.

+ Supportive T.T.

N.B → T.T as T.T of Pneumonia.

N.B + Short immunity after vaccination only for 3 months  
So must be repeated every 3 months.

Prevention and Control

- (1) Hygienic measures
- Isolation
  - Strict Quarantine.
  - Contaminated area should be cleaned.
  - Hygienic disposal of aborted fetus.

(2) Vaccination

- (1) Killed
- Pregnant → 2ml I/M at 5th - 7th - 9th month of pregnancy.
  - Foal → 2ml every 3m.

(2) Modified ~~Killed~~ Live attenuated.

1ml every 3m

- Foal
- mare

# Equine Viral Arteritis - EVA

synonyms

Equine viral arteritis - EVA, viral arteritis.

Cellulitis Pink, eye syndrome ..

Def acute contagious viral disease ch by influenza  
abortion syndrome and specific lesion in small  
arteries.

Etiology

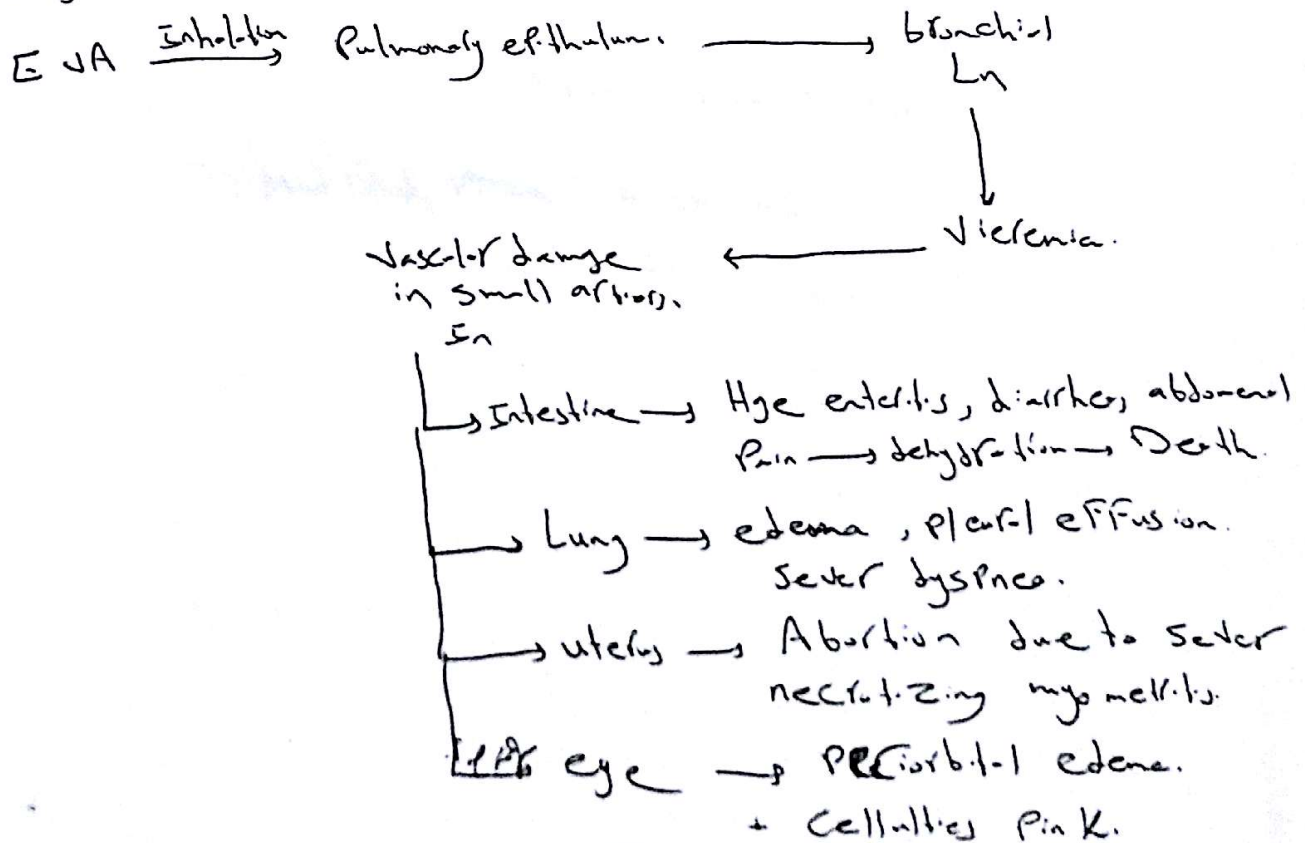
Arterivirus → Family arteriidae.

Transmission (1) Source of infection -  
Diseased horses.

- respiratory discharge
- vaginal secretions.

(2) mode of transmission  
Inhalation.

Pathogenesis and Signs -



(5)



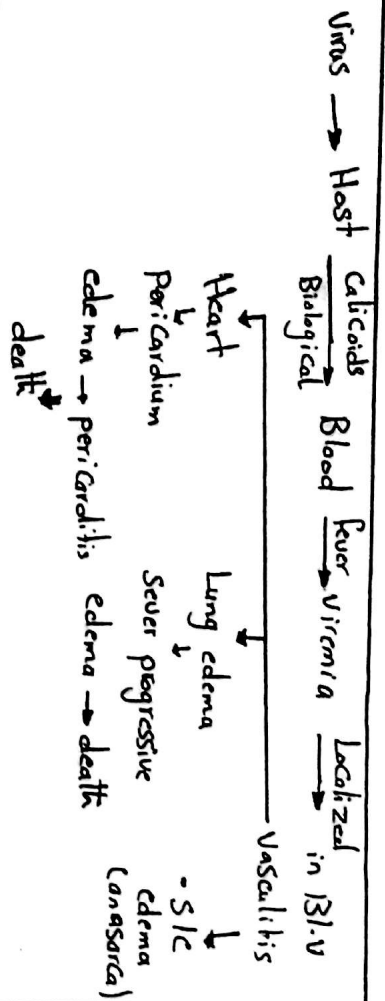


No.	african Horse sickness	Equine Influenza
Def	- acute or sub acute highly fatal infectious not contagious viral disease ch by - fever - Lung edema - Hemorrhage - Sic edema → specially in head (supra orbital fossa)	- Highly contagious viral disease in equine ch by - fever - persistent cough - morbidly - sudden death - rapid spread - lacrimation & nasal discharge - self-limiting with 1:2 week
Cause	Family → Reoviridae, Giorbivirus (AHS) virus 9 strain → strain 9 is more common in Egypt 42 strains type → cross protection not complete Grow in: - TC - ECE - Mice	F: orthomyxoviridae, G: influenza v 2 strains: A/equi/1 H <sub>7</sub> N <sub>7</sub> (RNA) A/equi/2 H <sub>3</sub> N <sub>8</sub> sensitive & fragile (HA & HI)
suscep.	Horse > mule > donkey Dogs take disease when eat infected dead horse carcass	Equine (Horse - male - donkey) Age: Severe in young & month, then adult Common in 1:3 year old horse → take disease subclinical predisposing factors → cold in winter
Mode of trans.	- Vector (insects) → Calicoids → mainly ♀ & Blood sucking Arthropods - Blood transfusion - through contaminated syring - Dogs infected by eating infected dead horse carcass seasonal: specially in summer	Inhalation mainly (Aerosol - droplet) Mechanical

# African Horse Sickness

## Equine Influenza

Pathogenesis



cl. signs

① forms

- acute pulmonary
  - thin head.
  - Common in horses during outbreak
  - mortality 90%
  - IP 3:5 day
  - fever 1:3 day
  - Conjunctivitis
  - Cough
  - Respiratory signs
  - dyspnea
  - Severe progressive edema
  - staggering
  - Recumbency
  - death, sweating
  - discharge from mouth before death
- 
- Subacute
  - Cardiac
  - thick head.
  - Common on donkey
  - may be in horse
  - mortality 50%
  - fever 5:7 day
  - Conjunctivitis
  - edema in eyelid
  - Gonorrhea gum
  - mucosa
  - Gonorrhea basal
  - edema in head
  - suppurative orbital
  - bi-lateral.
  - Death 1:2 week
  - due to heart failure
- 
- mild
  - more common in donkey than horse.
  - fever 1:5 d
  - mild Conj.
  - anorexia
  - dyspnea

②

IP: sharp 3:4 days

Cause → 1:3 week

- morbidity high 90:100%

- mortality low (no)

\* Sub-maxillary L.N

→ painful  
→ not enlarged  
→ enlarged in complications only.

\* fever 1:3 day

- nasal discharge.

- lacrimation.

- Conjunctivitis - Rhinitis

- Cough → dry then moist

Respiratory signs - 1 week: 3 weeks

Complications:

- Pneumonia
- Laryngitis
- Bronchitis
- enlarged L.N
- Severe in young (foals) from infected dam than from healthy dam

	african horse sickness		Equine Influenza
P.M	<p>① Pulmonary form</p> <ul style="list-style-type: none"> <li>- edema in lung</li> <li>- Hydrothorax</li> <li>- enlarged &amp; hemorrhagic</li> <li>- tracheic &amp; Abdominal L.N</li> </ul> <p>② Cardiac form</p> <ul style="list-style-type: none"> <li>- Hydropericardium</li> <li>- Anasarca</li> </ul>		
Diagnosis	<p>Signs - History - P.M - Summer season</p> <p>- isolation &amp; identification</p> <p>Sample: Blood early febrile stage.</p> <p>Refrigerated vpc not frozen as blue tongue</p> <ul style="list-style-type: none"> <li>- Lung - spleen - L.N</li> </ul> <p>- T.C → vero cells - BHK<sub>21</sub></p> <p>- animal inoculation I/C mice death 3:4 day</p> <p>ECE → CAM → 9:11 day</p> <p>± Serology: CFT, FAT, ELISA, SNT</p>	<p>- CL signs</p> <p>- sample - nasal swab</p> <p>- T.C</p> <p>- ECE → CAM</p> <p>- serology → HA &amp; HI</p> <p>- VNT, PCR → to differentiate between strains</p>	
D-D	<p>Pulmonary dis.</p> <p>* strangles</p> <p>* EIA</p> <p>* Rhinopneumonia</p> <p>* adenovirus</p> <p>* Reo virus</p> <p>* EIVA</p> <p>* EVA</p>	<p>Cardiac dis.</p> <p>* anasarca</p> <p>* EIA</p> <p>* EVA</p> <p>* Babesia &amp; dourine</p> <p>* PUPRA hemorrhagic as complications of strangles</p>	<p>Pulmonary dis.</p> <p>* strangles</p> <p>* glanders</p> <p>* EIA</p> <p>* EVA</p> <p>* Rhinopneumonia</p> <p>* adenovirus</p> <p>* Reo virus</p>

3



	African horse sickness	Equine Influenza
<p>##</p>	<p>- bad prognosis specially in pulmonary form</p> <p>- symptomatic ## with low value decrease virulence only</p>	<p>symptomatic</p> <p>* antibiotic → prevent complication</p> <p>* antipyretic      * Immune stimulant → vit AD3E</p> <p>* Hyper Immune Serum      * avoid cold weather</p> <p>* Rest 2-3 week      * placed in quiet place</p>
<p>Control</p>	<p><u>Control</u></p> <p>* notification</p> <p>* Quarantine today</p> <p>* vector control <del>as</del> as B.T</p> <p>* housing at night in insect proof stable.</p> <p>* Transpiration at night</p> <p><u>Vaccination</u></p> <p>① Poly valent contain 9 strain Poly valent Tissue culture (Live) &amp; dose 2ml, S/C, 2 year immunity</p> <p>② virus viscerotropic → I/C in mice</p> <p>③ inactivated vaccine</p> <p>trivalent Bivalent poly valent</p> <p>passage 102 times → neurotropic</p> <p>5ml 1 month interval → 5ml, I/M or S/C, 6 month immunity</p>	<p>① Hygienic measures:-</p> <p>- isolation.      - cleaning      - disinfection 10%</p> <p>- Quarantine</p> <p>- new introduced A' → Quarantine for 2 week</p> <p>② Vaccination w2 vaccines</p> <p>③ Inactivated vaccine:-</p> <p>→ Bivalent vaccine for 2 strains</p> <p>3ml I/M 123m interval → 3ml 6 month immunity.</p> <p>* Complete rest must be done after vaccination to avoid complications as myositis &amp; myocarditis.</p> <p>→ Pool from vaccinated more → vaccinated at 32</p> <p>→ Pool from non-vaccinated more → vaccinated at 32</p> <p>* intranasal vaccine • local immunity</p> <p>Salve</p> <p>(u)</p>

# Equine Encephalomyelitis

# West Nile Encephalitis

①

- Synonyms :-
- Venezuelan E.E
  - Eastern E.E
  - Western E.E

## Definition :-

- Acute sporadic viral Disease
- mainly affect bird,
- accidentally in equine - bovine
- characterized by nervous. manif.
- Transmitted by insect.

- Acute, subacute viral Dis.
- affecting horses and human
- Transmitted by insects "Mosquitoes"
- charact. by mild fever, blindness, nervous. Manif.

etiology :- Toga viridae (fam)  
Alpha virus (genus)

Flaviviridae (fam)  
flavivirus (genus)

- Three strains → EEE } immunologically distinct.  
→ WEE }  
→ VEE }
- Viruses are fragile → Death after death of host by few hrs.

## epidemiology

### Transmission :-

insect bite.

insect bite  
(Horse is terminal host)

## Host Suscept.

- mainly birds
- Accidental → Horses  
→ human

- Horses - Humans.

## Factor aff. suscept.

during Period of

high insect Activity

## Economic import.

- Death
- Public health importance

21

## E. E

- Clinical signs:-
- I-P (2-3 wks)
  - initial fever for 24-72 hr (39-41)
  - with anorexia, depression

N.B EEE → WEE → diphasic fever

- Nervous signs at Peak of fever.
- Hyper sensitivity, aggressiveness
- blindness, Head pressing
- Circling, facial paralysis

Saw horse appearance

سوار حصان  
و خوابه می تان  
sleeper

PM

no gross changes

## Diagnosis

- Field D:-
- clinical signs
  - seasonal occurrence

## lab. D:-

- (1) Sample:-
  - brain stem
  - CSF
  - Blood (refrigerated)
- (2) Detection of antigen
- (3) isolation by inoculation in  
old mice (1-4 day) → dead → brain  
Detect virus by (CFT & FAT)
- (4) PCR < ELISA < VNT
- (5) Paired serum sample

## W. N. E

- I-P (2-5 days)
- mild fever - biphasic
- Nervous signs → incoordination  
→ Ataxia  
→ Hyper Excitability  
→ head pressing
- Recumbency
- Saw horse appearance

- Congestion - Petechial. Hg in  
mucosa of Cerebral surface  
Bladder and GIT.
- Non suppurative Encephalomyelitis.

- (1) Sample - brain - CSF  
- Blood
- (2) detection of antibody  
by VNT
- (3) Paired serum sample.
- (4) insect in plate
- (5) Hist. pathological Exam. of brain
- (6) PCR < ELISA  
During viremia (1-5 day) → detect vir  
after 7th day → Serum → IgM  
in Blood  
T.C.

E. E

W. N. E

D.D :- diseases of Ner. Signs →

(1) Rabies :-

- History of biting
- Ascending Paralysis
- Hyper Salivation
- Recumbency.

(2) Equine Herpes virus :-

- upp. Resp. Disease
- Delayed abortion

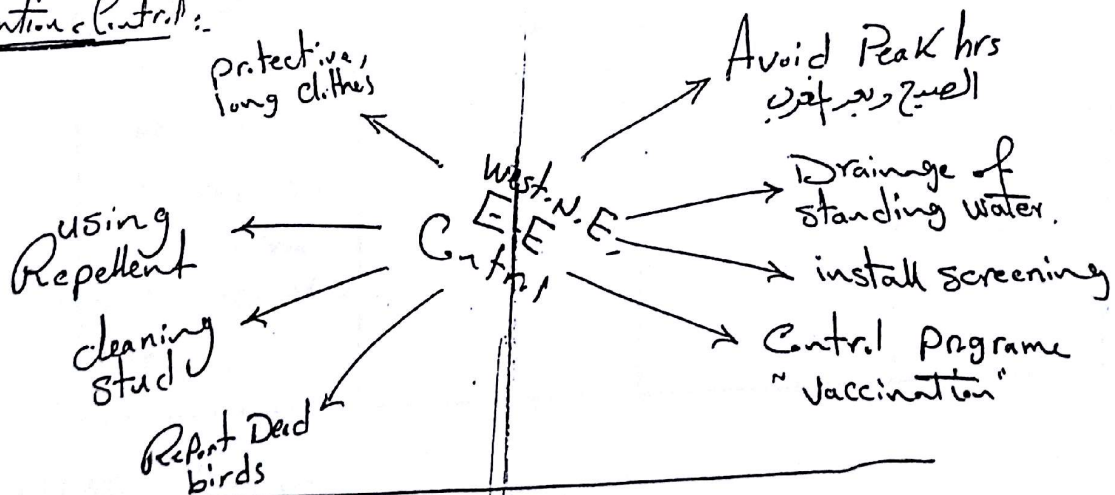
(3) W. N. E <sup>E. E</sup> (أمريكا - كندا - البرازيل - مصر)  
• Flavivirus  
• Restricted to European and middle East Countries

ttt :-

no specific treatment  
only supportive and symptomatic ttt.

غير أنه عن سبب  
من (CSF) 5ml  
يقل من إضعاف قبل الموت  
بإهم الختبات

Prevention & Control :-



Vaccination :- Killed Vaccine.  
m.n. → Bi → Trivalent

- 2 doses (10 days apart)
- annual Revaccination
- Foal (vaccinated dam) → 6-8 m.
- Foal (unvaccinated) → 2-3 month

Recently

- Killed Vaccine
- 2 doses (3 weeks interval)
- 3-4 times / year.



## Calf disease

- \* Respiratory disease complex (calf pneumonia), RDC
- oral necrobacillosis
- Navel ill.

9

### RDC

Def: multi-factorial disease   
 in cold weather.

→ Viral  
→ Bacterial  
→ parasitic

affected calf 1:4 month,

⊕ Severity   
 → acute → fetal   
 → subclinical   
 → chronic

}- depend on interaction of multi factorial causes (Bact., Viral, parasitic) and environmental & Resistance of the calf.

### Causes:

viral	Bacterial	parasitic	mycoplasma
<ul style="list-style-type: none"> <li>* PI3</li> <li>* BRSV</li> <li>* IBR</li> <li>* BVD</li> <li>* Ring virus</li> <li>* Reo virus</li> <li>* adeno virus</li> <li>- most of them upper respiratory diseases</li> </ul>	<ul style="list-style-type: none"> <li>* pasteurlla</li> <li>* staph</li> <li>* strept</li> <li>* Coryne</li> </ul>	<ul style="list-style-type: none"> <li>* Lung worm (Dictyolus viviparus)</li> </ul>	

\* predisposing factors:-  
→ environmental

\* Cold, R.H, Ventilation

\* affect cilia

\* ↓ alveolar macrophage activity

\* m.m secretion.

→ management

\* over crowding

\* take colostrum or not

\* rearing different ages

\* different sources of calves.

①

## \* Host susceptibility

- calf 1:4 month mainly,  
may ↓ or ↑

## Mode of trans.

inhalation → droplet  
→ aerosol

## Signs:-

- Morbidity → High 90:100%
- Mortality → Vary acc. to severity of pathogen, ↑↓ 30%

## \* acute:-

- fever
- Cough → dry → moist
- dyspnea + respiratory signs
- Lacrimation
- nasal discharge (serous → mucoid → purulent)

## \* chronic:-

- normal temp.
- mild nasal discharge (purulent)
- mild Cough & Sneeze.

## Diagnosis:-

1. Sample: nasal swab, If suspected → Viral (step 2 & 3)  
→ Bacterial → media → isolation

2. T.C → confirm by VNT

3. serology → serum sample → CFT → SNT → ELISA

P.M - grey or red hepatization Acc. to severity

- Lung edema.
- L.N enlarged (thoracic Ln)

NB:-

1- في كل امراض calf نطعم مضاد  
2- في كل امراض calf نبدأ ب supportive  
3- في كل امراض المعوية نبدأ ب supportive  
specific ②

# treatment

مهم

① antibiotic → to prevent complications  
- Broad spectrum

\* Draxin 1 mL / 40 kg, IM, one time  
\* If confirm pasterilla → sulfa  
\* tylosine → mycoplasma  
1 cm / 10 kg

\* amoxycillin  
\* ciprofloxacin  
\* gentamycin  
\* erythromycin  
\* tetracyclines

② anti-inflammatory → finadyne  
- ↓ severity - ↓ fever

③ anti histaminic Avil amp / 70 kg

④ Bronch dilator → Aminophylen amp / 70 kg

⑤ supportive ttt :-  
→ Fluid therapy  
→ vit. C, vit B, vit E. se

\* Fluid Therapy:-

- Saline 0.9%
- Ringer
- Lactate Ringer → the best
- dextrose
- isotonic Na-bicarbonate

Na-bicarbonate <sup>تخل</sup> 1.5% → I/V

الجرعة  
or  
بالمعادلة

العجل أقل من أسبوع ← لتر  
العجل أكثر من أسبوع ← 3.5 لتر

$$\frac{B.wt \times 15 \times 0.6}{12} = \dots \text{ gm} \xrightarrow[\text{حتى}]{\text{تخل}} 1.5\%$$

## \* fluid therapy جرعة

\* 5:6% → الحيوان واقف → oral administration

6:8% → → I/V لازم

8:10% → sternal Recumbancy but alert

10:14% → Lateral Recumbancy + Collapse → hopeLess

$$\frac{\text{B.wt} \times \text{dehydration degree}}{100}$$

كل الكجم وزن ← 100 mL

total لتعطى الكمية مرة واحدة، وكل 2 ساعات كمية من ال total

## \* Control

① avoid predisposing factors

② sufficient amount of clostrum.

③ Vaccination.

dam: pregnant dam take vaccine, If it in the last stage  
 - the 2nd dose before parturition by 2 weeks  
 - calf must take colstrum in the first 6 hrs (80 mL/kg)  
 calf → not before 8:10 week or 12 week

## \* Vaccines of RDC

① pnemo 3 (PI3, IBR, BUD)

② pnemo 4 (PI3, IBR, BUD, BR synctial)

③ ~~Veri-cell 5~~ Veri-cell 5 Veri-shield 5

④ cattle master 4 (PI3, BUD, IBR, BR synctial)

2 mL  $\xrightarrow{\text{1 month interval}}$  2 mL, IM, 1 year immunity

- initial 5 mL  $\xrightarrow{\text{4 weeks interval}}$  5 mL as  
 Booster dose, SIC, 6 month immunity

N.B:

3 month calf + pregnant dam في آخر مرحلة  
 in late stage

5 mL or 2 mL then before parturition by 2 weeks

④



## oral Necrobacillosis

\* age → 2 weeks : 1 year

\* Bacterial disease affect calf from the age of 2 weeks to 1 year.

→ 2 forms

→ necrotic stomatitis

- necrosis in buccal mucosa At 2w : 3m

→ calf diphtheria

- In pharynx & Larynx At 3m : 1 year

\* Causes :-

- Fusiform bacterium necrophorum = ~~sph~~ sph. necrophorum

G -ve

\* susceptibility

Calf 2w : 1 year → 2w : 3m  
→ 3m : 1 year

\* Made of trans.

abrasion in buccal mucosa

\* Signs:-

[1] necrotic stomatitis

- fever      - salivation

- Bad odour from mouth

- cheesy material difficult to remove. (Long & deep)

- edema in cheeks

- ulceration and necrosis in buccal mucosa

- ulcer in all mucosa of mouth

[2] calf diphtheria (more dangerous)

- fever

- salivation.

- Bad offensive odour

- edema in pharynx & Larynx

- Cough & dyspnea

- may pneumonia

- ulceration + diphtheric membrane in pharynx & Larynx → may close it

\* diagnosis:-

isolation on media

### \* treatment

① Local antiseptic (tr. iodine)

② Anti microbial injection → drug of choice is "33% sulfanamide"

or 60 cm → 100 kg

1<sup>st</sup> day → 140 mg/kg

2<sup>nd</sup> : 3<sup>rd</sup> day → 70 mg/kg

---

navel ill = Joint ill

Def: inflammation of umbilicus = omphalitis

- in young age in 1<sup>st</sup> week of ages.

### \* Causes:-

- E-coli      - strept      - sph. necrophorum      - coryne pyogens

\* If infectious progress internally → omphalophlebitis

\* may septicemia → Joint → Joint ill = poly arthritis


### \* D-D:-

hernia → ضيق يترك في السرة أو شقوق علامات الالتصاق

### \* treatment

→ If Local omphalitis → as abscesses

If progress → systemic Ab

No	Rabies (Canine diseases) Mad dog	Canine parvo virus (11) 
Def	- Highly fatal viral disease of all warm blooded animals including human ch' by: -encephalitis -paralysis -death	- Highly contagious viral disease of young dogs (puppies) ch' by: - fever, vomiting, diarrhea dehydration → death or myocarditis → sudden death
Cause	family → Rhabdoviridae G → Lyssa virus <u>RNA</u> , fragile - 56% → 5 min kill virus or 1% formaline	<u>DNA</u> virus F → parvoviridae G → parvovirus type II derived from parvovirus type I which (cause pan Leukopenia feline)
Source	Saliva of Rabid animal	feces & ground
Susp.	- all warm blooded animal specially Carnivorous & cattle sheep, goat, human - all sexes & all ages	- dogs age → 1 1/2 months → myocarditis → sudden death - 2-3 months → enteric form (fever, diarrhea)
Transmission	- mainly by <u>bites</u> of rabid dog → wound → contamination by saliva which has the virus. - not all bites from rabid animal → transfer disease - wound - abrasion - scratch contaminated by saliva - oral route → rarely - Bats <u>Guinea</u> → Reservoir → virus multiply fatty tissue → Vampire Bat → caves → Fruit Bat → Egypt	oral fecal Route → ingestion

(1)

## Rabies

pathogenesis

Virus → Biting by Rabid animal → wound  
Contaminated Saliva → several hours at site of bite → Nerve of ms → peripheral nerves → Brain  
encephalitis during  
Paralysis → Nerve → Salivary gland → Saliva  
death

cl. signs

IP varies 15 day → 6 month → 1 years why?  
→ Susceptible host  
→ site of bite  
→ dose of virus

Signs : 3 phases

① prodromal phase (2:3) d

- normal temp
- stop eating & drinking
- change behavior
- frequent urination
- Salivation

② Exciting phase (2:3) d

- salivation
- change facial parameters
- dilation of eye pupil
- change voice
- Running at straight line for long distance with careless
- deprived appetite
- Bite Human or animal
- sexual desire ♂
- (erection of penis)

③ paralytic phase (dumb) (2:3) d

- salivation
- drop of lower jaw
- progressive paralysis Head & neck.
- inability to swallow

## Canine parvo virus

virus → ingestion → Puppies  
1 1/2 month  
myocarditis → sudden death \* intestine → maltp.  
crypt cells → severe ligic enterit  
vomiting → bloody diarrhea  
dehydration - death

2 form

\* enteric form

- fever
- vomiting
- bloody diarrhea
- dehydration
- coma, death

P.M

\* enteric form

- severe hemorrhagic enteritis
- dehydration

\* myocardial form

- myocarditis
- strikes on heart
- myocardial fluid



# Rabies

## cl. signs

\* Cattle coarse 7/10 day

- Bellowing + Salivation
- stop eating & drinking
- sexual desire
- sway back = paralysis
- Coma, death
- suckling sound →

- Anus sensitive  
- Hypersensitive

sheep

vigorous wool pulling

لصق الصوف

equine

- salivation
- hypersensitive
- flehming position
- action Lips

## diagnosis

\* History of bites + signs

→ Histopathology

Brain smear stained by Seller Gimsa stain

↳ Negri bodies (جسيمات نغري)

→ isolation T.C, detection by FAT

incubation mice I/C 10 days paralysis & death

\* isolation & identification sample  
(Brain, salivary gland, saliva)

↳ the best

\* identification → FAT the best method

\* To: 80% positive  
Zo: 30% false negative

→ Histopathology Negri bodies

porcine virus

## diagnosis

\* History - P.H - signs

Age susceptibility

\* solution → sample, fecal sample

\* T.C

\* serology → ELISA  
↳ FAT

## Control

\* Vaccination

- modified live vaccine

1ml/51c annually

\* multi vaccine 1ml, 51c

Annually.

\* Hygienic measure

## Rabies

D.D

- Pseudo Rabies

- distemper Canine.

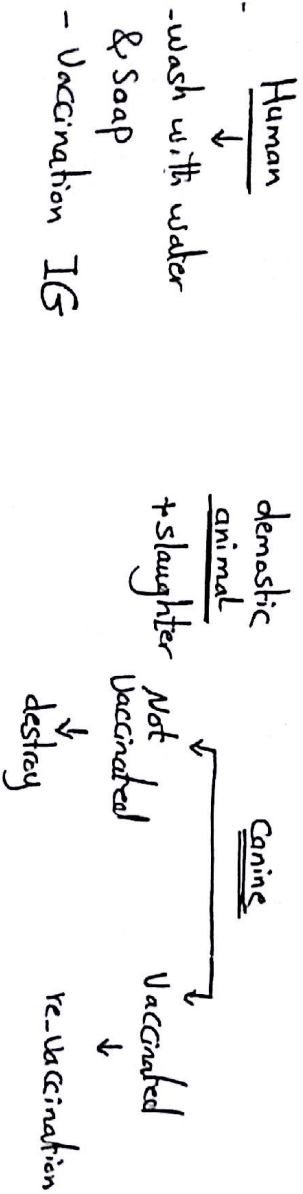
- infectious Canine hepatitis

ttt post signs → No treatment

post signs → ① washing wound by warm water + soap

\* Control:-

- ① Vaccination of dogs
- ② Elimination of stray dogs
- ③ Elimination of fox & wolves
- ④ Bitten animal from rabid dog



③ anti-rabid immun serum 20 IU/kg in human

\* Vaccination

① inactivated

simple vaccine

- Canine TIC inactivated by formaline  
- Canine TIC inactivated by formaline + oil adjuvant.

- 1 cm. SIC → 1 year immunity  
(3:4) month

② Live attenuated

① Flury strain LEP → dog

40:50 passage → 2 years immunity

② Flury strain HEP → cat

80:100 passage → long immunity

③ Modified Live Flury LEP

dissolved 3ml water IM 2 years

(5)

	Rabies (Mad dog)	Pseudo Rabies • mad Itch.
Cause	Lyssa virus RNA	Herpes virus DNA
Transmission	Bite	ingestion - Inhalation mainly abrasion not common
Reservoir	Bat	Pig
I.p	15 day - 6 month - 1 year	1 week → 2 weeks
Course	10 days	2-3 day
Virus	- demonstrated at saliva - not in Blood	- not in saliva - demonstrated in Blood
Signs.		
- temp.	normal	raise temp
- dropping lower Jaw	+	-
- sexual desire	+	-
- cough	-	+
- pneumonia	-	+
- severe Itching	-	
- puritus		
- Histopathology	- ICIB Negri body	INIB

⑪ أمراض الكلاب

③ of Parvo, distemper, Blue eye

Common Signs Vomiting, diarrhea, dehydration, fever

Antipyretic: Cital, dolphin 3 ml oral  
Fynadine 0.5 - 1 ml

Antiemetic: Primpitan 0.5 ampule 12 hr → 0.5 ampule  
Zantac 0.5 ampule

Anti-inflammatory dexamethazone 0.5 - 1 Ampule

Antibiotic Amoxycillin gentamycin, Cefotax. oral  
IM

fluid therapy Ringer dextrose Saline Ringer lactate IV  
Rehydran oral

لو في كلب عض انسان او حيوان هتبي الكلب  
الايام لو ظهر عليه الاعراض ومات  
المحيوان domestic animal  
قط / كلب

Rabies

Antirabies انسان  
لو الكلب عض وجرى اعطى vaccine اللقاح

Canine distemper طاعون الكلاب

African horse sickness طاعون الخيل

Pestis des petits ruminants طاعون المجرعات الصغيرة

Rinder Pest طاعون البقر

Canine distemper cross protection with human measles

PPR R.P Hendra disease in equine

## Canine distemper — Hard pad disease

Def ★ Highly contagious viral disease of young puppies, dog.  
Characterised by fever, gastroenteritis, bronchitis.  
Hyperkeratosis, Conjunctivitis.

Cause: Paramyxoviridae — morbillivirus  
Sensitive, fragile outside host

Suss puppies, fox, wolves  
3-6 months Adult (mild, subclinical)

Transmission inhalation of droplets  
ingestion of contaminated food, water, milk  
Predisposing factors young age / Cold weather

### Pathogenesis

Virus  $\xrightarrow[\text{ingestion}]{\text{inhalation}}$  Host (puppies)  $\xrightarrow{\text{lymph}}$  Blood (Viremia)  
3-6 months Fever

Localization  $\rightarrow$  GIT / Resp / Eye / Skin / Brain  
encephalitis  
rare

في الغالب شكله بكون معدي

في الكلب جوع الكلب مرة واحدة

IP / 4-7 days

### Signs

General: fever, depression, Anorexia, off food, fatigue

Alimentary Form (digestive Form): Fever, Vomiting, Bloody  
diarrhea, dehydration  $\rightarrow$  death



Respiratory Form : Fever, nasal discharge, Coughing

Sneezing

Conjunctival (eye) Form : Conjunctivitis, Lacrimation (purulent)

adhesion in eye lids <sup>scratch</sup> Keratitis, ulcers, Corneal opacity

Skin form : Skin nodules on abdomen, hyperkeratosis on leg pad  
red spots and inner thigh

Nervous form : spasm in muscles in coordination, salivation  
encephalitis / Chewing gum / excitement / Coma / death  
لا يتحرك ولا يأكل ولا يشرب ولا يفرز  
الأشياء

Diagnosis Signs, age susceptibility

Viral isolation on T.C & Lab à (Ferrets)  
الفرس

Samples → Whole blood during viremia

Nasal discharge, digestive & eye secretions

Serology → ELISA, CFT, FAT

DD

Digestive (Parvo, Corona, rota, Salmonella)

ResP Herpes, —

eye form Blue eye

⊕⊕⊕

Symptomatic

الفرس الأمل

Control

Vaccine

Modified live vaccine

1 ml s.c

1 year immunity

Canine infectious hepatitis — Blue eye disease  
Highly Contagious Viral disease of dog, fox Characterised  
by Fever Vomiting Bloody diarrhoea Jaundice

Cause Adenovirus type 1 1, 2 cross protection

(N.B) Adeno — 3 Respiratory only

Sus All ages young more severe dog  
Fox

transmission Fecal oral route

I.P / 1 Week

Signs

Peracute: Sudden death

Acute: Fever, Vomiting, Bloody diarrhoea  
abdominal pain due to hepatitis Jaundice

Nervous signs — Coma — death

④ Blue eye Corneal opacity appear later after disappearance of  
all signs by 2-3 weeks

recalling  
distemper → immune response CAg Ab reaction ppt on eye

(PM) Liver enlarged, congested, mottled, edematous  
Carass → Jaundice

(N.B) Mainly mild, Chronic / Recovered dog become  
Carrier and shed the virus in urine for  
up to 1 year

## Diagnosis

Signs, PM

Samples → Blood during viremia - Liver - L<sub>n</sub>

isolation on T.C

Serology

CFT

ELISA

(H)

Symptomatic

في الصفحة الأولى

Control

Vaccine

modified live vaccine 1 ml SIC 1 year immunity

(N.B)

Multivaccine

خاص بـ كلب و قبانى و تاعى

1 ml SIC 1 year immunity

at 3 months of age

كل ٣ اشهر يعطى مرة واحدة

(N.B)

Canine hepatitis in fox → encephalitis

أعراض

Nervous Signs in dog

Rabies, Pseudorabies, Canine hepatitis, Nervous form of distemper, Cerebral babesiosis

~~Rabies~~

in Dogs فيل

## External Parasites

↓ Mange, mite, fleas, ticks

Local Butax 1 ml / Litter

ectamethrine Spray سحق من الجرب في الاني

Barce, revolution ? Pour on

حقن في الجوف

injection 0.5 ml dextomax sic

0.5 ml ivamac sic

Mange in animal = Scabies in human

## Ring Worms

C. L. uba

Circumscribed area  
of loss of hair  
head, neck, leg

Local, oral, injection حقن

→ mycoderm

→ mycostatin

→ Tincture iodide 2-3 %

→ Canastin

→ Clasob Spray

→ Griseo. fulvin  
tablets  
flucanaz